

2000 UNIFORM BUSINESS REPORT (UBR)

091100

DOCUMENT # A96000002098

1. Entity Name

FLORIDA COLD STORAGE, LTD.

Principal Place of Business

4501 DIGNAN STREET
JACKSONVILLE FL 32204

Mailing Address

P.O. BOX 41123
JACKSONVILLE FL 32203-1123

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3413180

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

F & L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

\$20,000.00

10. Amount of Capital Contributions

in FLORIDA to date:

11. MAKE CHECK PAYABLE TO DEPT. OF STATE

SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P96000084916
NAME FLORIDA COLD STORAGE GENERAL PARTNER, INC
STREET ADDRESS 2421 DENNIS STREET
CITY-ST-ZIP JACKSONVILLE FL 32204

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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***628.75 ***628.75

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

William H. M...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/25/2000

Date

904-358-8971

Daytime Phone #

CR2E003 (5/00)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 12 AM 10:02



DO NOT WRITE IN THIS SPACE