

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90107 034 ***150.00

DOCUMENT # F00000007018

1. Entity Name
SUBZERO CONTRACTORS, INC.



Principal Place of Business
**20512 CRESCENT BAY #106
LAKE FOREST CA 92630**

Mailing Address
**20512 CRESCENT BAY #106
LAKE FOREST CA 92630**



2. Principal Place of Business
ONE SPECTRUM POINTE

3. Mailing Address
ONE SPECTRUM POINTE

Suite, Apt. #, etc.
330

Suite, Apt. #, etc.
330

☒ CHECK HERE IF MAKING CHANGES

City & State
LAKE FOREST, CA

City & State
LAKE FOREST, CA

4. FEI Number **33-0780874**

Applied For
Not Applicable

Zip
92630

Country

Zip
92630

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCT
SOLL, DEAN
20512 CRESCENT BAY #106
LAKE FOREST CA 92630** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
CHAO, JAMES
20512 CRESCENT BAY #106
LAKE FOREST CA 92630** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
O'CONNELL, RICHARD
2230 TOWNE LAKE PKWY BLD 900 #250
WOODSTOCK GA-30819** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1.28.03

(949) 458-9878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)