FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

of the corporation or the rechanged, or on an attachn

SIGNATURE:

## Mar 09, 2001 8:00 am DOCUMENT # **F60440 Secretary of State** 1. Entity Name J & B REFRIGERATION, INC. 03-09-2001 90471 008 \*\*\*150.00 Principal Place of Business Mailing Address 2005 TREE FORK LANE-UNIT 101 2005 TREE FORK LANE-UNIT 101 LONGWOOD FL 32750 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address 150 Maritime Drive 150 Maritime Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2153784 Sanford, FL Not Applicable Sanford, Country Country Zip \$8.75 Additional 5. Certificate of Status Desired USA 32771 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Wilson, John B. Street Address (P.O. Box Number is Not Acceptable) WILSON, JOHN B. 150 MARITIME DRIVE 150 Maritime Drive SANFORD FL 32771 City Sanford Zip Code 8. The above fi oits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change PDNAME NAME WILSON, JOHN BOS Wilson, John BOS STREET ADDRESS STREET ADDRESS 658 DUNN DRIVE 1308 Sterling Oak Drive CITY - ST-ZIP CITY-ST-ZIP ALTAMONTE SPRGS, FL00000 Casselberry FL 32707 ☐ Addition TITI É TITLE Change ☐ Delete ALIOTTA, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 1345 BLYTHE AVE CITY-ST-7IP CITY-ST-ZIP **DELTONA FL** Change ☐ Addition TITLE ☐ Delete TITLE: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Change ☐ Addition TITLE TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ntal report is lique and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director rustee monowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information indicated on this report or

all other like empowered.

JOHN B. WYLSON