

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F77349

1. Entity Name
GULF AND ATLANTIC FREEZER CORPORATION

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90119 038 ***150.00

Principal Place of Business

RAFFIELD, CARL E. "GENE"
P.O. BOX 309
PORT ST. JOE FL 32456

Mailing Address

RAFFIELD, CARL E. "GENE"
P.O. BOX 309
PORT ST. JOE FL 32456

2. Principal Place of Business

1624 GROUPER AVENUE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 309

Suite, Apt. #, etc.

City & State

PORT ST. JOE, FLORIDA

Zip
32456

Country

City & State

PORT ST. JOE, FLORIDA

Zip
32457

Country

4. FEI Number **59-1225281**

Applied For

Not Applicable

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

RAFFIELD, CARL E. "G."
CANAL AND HIGHLAND VIEW
PORT ST. JOE FL 32456

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **RAFFIELD, CARL E. "G."**
STREET ADDRESS **CANAL & HIGHLAND VIEW**
CITY-ST-ZIP **PORT ST. JOE FL**

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

TITLE **ST** ☐ Delete
NAME **RAFFIELD, EMOGENE**
STREET ADDRESS **CANAL & HIGHLAND VIEW**
CITY-ST-ZIP **PORT ST. JOE FL**

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

TITLE **D** ☐ Delete
NAME **RAFFIELD, EUGENE**
STREET ADDRESS **CANAL DR-HIGHLAND VIEW**
CITY-ST-ZIP **PORT SAINT JOE FL 32456**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

EUGENE RAFFIELD

01/15/01

(850) 229-8229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)