

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90066 038 ***150.00

UBR30309 A1

DOCUMENT # F77349

1. Entity Name

GULF AND ATLANTIC FREEZER CORPORATION

Principal Place of Business

RAFFIELD, CARL E. "GENE"
1624 GROUPE AVE
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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1225281

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

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

7. Name and Address of New Registered Agent

Name
EUGENE RAFFIELD
 Street Address (P.O. Box Number is Not Acceptable)
1624 GROUPE AVENUE
PORT ST. JOE, FLORIDA
 City **FL** Zip Code **32456**

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

Eugene Raffield
 Signature (typed or printed name of registered agent and title if applicable)

EUGENE RAFFIELD - DIRECTOR

02/20/02

(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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD RAFFIELD, CARL E. "G." CANAL & HIGHLAND VIEW PORT ST. JOE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RAFFIELD, EMOGENE CANAL & HIGHLAND VIEW PORT ST. JOE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAFFIELD, EUGENE CANAL DR-HIGHLAND VIEW PORT SAINT JOE FL 32456	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/02

Date

(850) 229-8229

Daytime Phone #

CR2E034 (9/01)