

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jun 20, 2000 08:00 AM****Secretary of State****DOCUMENT # F97000006503**

1. Entity Name

DRAKE REFRIGERATED LINES, INC.

Principal Place of Business

8500 KENWORTH

DALLAS  
75241

TX

Mailing Address

8500 KENWORTH

DALLAS  
75241

TX

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

73-1401578

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**SACK MARTIN JR. ESQ  
2064 PARK ST.JACKSONVILLE  
32204

US

FL

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

06/20/2000

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, 2000 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**TITLE AS ☐ Delete  
NAME MILITZER TODD  
STREET ADDRESS 8500 KENWORTH  
CITY-ST-ZIP DALLAS TX 75241TITLE ST ☐ Delete  
NAME WYNNE JIM BOB  
STREET ADDRESS 8500 KENWORTH  
CITY-ST-ZIP DALLAS TX 75241TITLE DV ☐ Delete  
NAME BREEDEN DAVID L  
STREET ADDRESS 8500 KENWORTH  
CITY-ST-ZIP DALLAS TX 75241TITLE DV ☐ Delete  
NAME BREEDEN J. WYNNE  
STREET ADDRESS 8500 KENWORTH  
CITY-ST-ZIP DALLAS TX 75241TITLE CP ☐ Delete  
NAME BREEDEN K.L.  
STREET ADDRESS 8500 KENWORTH  
CITY-ST-ZIP DALLAS TX 75241TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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: S. Todd Militzer

AS

06/20/2000