

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003247

1. Entity Name
HOSHIZAKI FLORIDA DISTRIBUTION CENTER, INC.

Principal Place of Business
5589 COMMONWEALTH AVENUE
JACKSONVILLE FL 32254

Mailing Address
5589 COMMONWEALTH AVENUE
JACKSONVILLE FL 32254

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3579254

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

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME MASE, TOSHIO ☐ Delete
STREET ADDRESS 618 HIGHWAY 74 SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32254

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

TITLE VS
NAME COPELAND, TONY ☒ Delete
STREET ADDRESS 5589 COMMONWEALTH AVENUE.
CITY-ST-ZIP JACKSONVILLE FL 32254

TITLE Vice President - Secretary ☒ Change ☐ Addition
NAME Bales, Mike
STREET ADDRESS 5589 Commonwealth Ave.
CITY-ST-ZIP Jacksonville, FL 32254

TITLE D
NAME TERADA, ATSUYA ☒ Delete
STREET ADDRESS 618 HIGHWAY 74 SOUTH
CITY-ST-ZIP PEACHTREE CITY GA 30269

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

TITLE D
NAME ANTELL, JACK ☒ Delete
STREET ADDRESS 618 HIGHWAY 74 SOUTH
CITY-ST-ZIP PEACHTREE CITY GA 30269

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

TITLE TD
NAME NOMURA, MITSUHIRO ☐ Delete
STREET ADDRESS 618 HIGHWAY 74 SOUTH
CITY-ST-ZIP PEACHTREE CITY GA 30269

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/21/00

Date

Daytime Phone #

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90006 013 ***150.00



DO NOT WRITE IN THIS SPACE

Please excuse the
late payment. This
was the first notice
we received.

Thank you!

B. Miller