2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F99000003311 **DOCUMENT #**

1. Entity Name

A-BEAR REFRIGERATION, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90196 034 ***150.00

Principal Place of Business 5740 HEEBE STREET HARAHAN LA 70123		Mailing Address 5740 HEBBE STREET HARAHAN LA 70123		I FRANCISCO MAIO FRANCISCO AGUARA	JJAN ESIN JAN ESIS ESIS MAR	(4) 4 0 (10 0 4 (100 (100)
2. Principal	Place of Business	3. Mailing Address 288 Plantation Hill Rd				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Y CHECK HERE IF MAKING CHANGES		
City & State		City & State Gulf Breeze, Florida		i (2-11115)40 ——		Applied For Not Applicable
Zip	Country	Zip 32561	Country	5. Certificate of Status Desired	\$8.75	Additional
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New		
	randy j jr It pickens road		Name Heb Street Addres 288	ert, Randy J Jr s (PO Box Number is Not Acceptal Plantation Hil		
PENSACO	DLA BEACH FL 32561			f Breeze	FL Zip (Gode 561
SIGNATURE F Afte	signature, typed or printed name of registered agent. Signature, typed or printed name of registered agent. FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	Athen the interpolation (No. 1990)	OTE: Registered Agent signature requi		2-18-0	
0.	OFFICERS AN	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OF	FEICERS AND DIRECT	ORS IN 11
ITLE AME TREET ADDRESS ITY-ST-ZIP	P HEBERT, RANDY J JR 5740 HEEBE STREET HARAHAN LA 70123	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	25,13,10,10,11,10,20,10,01	☐ Chan	
TLE AME TREET ADDRESS ITY-ST-ZIP	ST HEBERT, SUSAN G 5740 HEEBE STREET HARAHAN LA 70123	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9641 - B	☐ Chan	ge 🔲 Addition
TLE AME IREET ADDRESS TY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	. 2.	· · Chang	ge Addition
TLE Ame Reet address Ty-st-zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chang	ge Addition
TLE AME REET ADDRESS TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Chang	ge Addition .
ile .me Reet address fy-st-zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Chang	e Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-932-1122