

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90048 012 \*\*\*150.00

**DOCUMENT # H90376**

i. Entity Name

**P & D METALS AND REFRIGERATION, INC.**

Principal Place of Business <b>27 TAYLOR ST          ORLANDO FL 32806</b>	Mailing Address <b>P.O. BOX 560095          ORLANDO FL 34778-3123          US</b>
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Principal Place of Business <b>1150 Beulah Rd.</b>	3. Mailing Address <b>P. O. Box 783123</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Winter Garden, FL</b>	City & State <b>Winter Garden, FL</b>
Zip <b>34787</b>	Zip <b>34778-3123</b>
Country <b>Orange</b>	Country <b>Orange</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2613402</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**HARRIS, PEGGY P.  
 2739 TAYLOR ST  
 ORLANDO FL 32806**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable) <b>1150 Beulah Rd.</b>
City <b>Winter Garden</b>
State <b>FL</b>
Zip Code <b>34787</b>

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, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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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

**OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>PD</b> <b>HARRIS, PEGGY P.</b> <b>12944 REAVES ROAD</b> <b>WINTER GARDEN FL</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
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<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Peggy Harris</i>	President	1/17/00	407-905-9970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>PEGGY HARRIS</b>		Date	Daytime Phone #

CR2E034 (9/99)