

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J71404

1. Entity Name

BEAVER STREET FREEZER, INC.

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90292 027 ***150.00

Principal Place of Business

1741 W. BEAVER ST.
 JACKSONVILLE FL 32209
 US

Mailing Address

P.O. BOX 41430
 JACKSONVILLE FL 32203-1430
 US

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 **59-2805689**

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

FRISCH, HANS
 1745 W. BEAVER STREET
 JACKSONVILLE FL 32209

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 reappointing)

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, 2001 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	DVAS	☐ Delete
NAME	FRISCH, HANS	
STREET ADDRESS	1741 W BEAVER ST.	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	P	☐ Delete
NAME	EBERHARDT, EUGENE	
STREET ADDRESS	1741 W. BEAVER ST.	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	V	☐ Delete
NAME	EDWARDS, JEFF	
STREET ADDRESS	1741 W. BEAVER ST.	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	DST	☐ Delete
NAME	FRISCH, BENJAMIN P.	
STREET ADDRESS	1741 W. BEAVER ST.	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE	D	☐ Delete
NAME	FRISCH, KARL E	
STREET ADDRESS	1741 W BEAVER ST	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Print #

[Signature] HANS FRISCH 4/24/01 354-8533

CR2E034 (10/00)