

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 26 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001474

1. Entity Name

DERBYSHIRE REFRIGERATION LLC

Principal Place of Business

2599 MONTEGO BAY BOULEVARD
KISSIMMEE FL 34746

Mailing Address

2599 MONTEGO BAY BOULEVARD
KISSIMMEE FL 34746-5115

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

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPAMERICA, INC.
1525 S. ANDREWS AVENUE, SUITE 216
FT. LAUDERDALE FL 33316

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☒ Delete
HILL, TERENCE
STREET ADDRESS GARDEN RANCH, NEWSTEAD, ABBEY PARK
CITY- ST- ZIP NOTTINGHAM, NG15 8GE

TITLE NAME MGRM ☒ Change ☐ Addition
HILL TERENCE
STREET ADDRESS 8 DUKE STREET
CITY- ST- ZIP ILKESTON, DERBYSHIRE DE783U U/K

TITLE NAME MGRM ☒ Delete
HILL, JACQUELINE
STREET ADDRESS GARDEN RACH, NEWSTEAD, ABBEY PARK
CITY- ST- ZIP NOTTINGHAM, NG15 8GE

TITLE NAME MGRM ☒ Change ☐ Addition
HILL JACQUELINE
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

26 APRIL 00

Date

407 396 0827

Daytime Phone #

CR2E083 (9/99)