

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90105 012 ***150.00

DOCUMENT # M49137

1. Entity Name
REFRIGERATION UTILITIES, INC.

Principal Place of Business
C/O ROBERT J. TAYLOR
21521 WOODCHUCK CT
BOCA RATON FL 33428

Mailing Address
C/O ROBERT J. TAYLOR
21521 WOODCHUCK CT
BOCA RATON FL 33428



2. Principal Place of Business

3. Mailing Address
90 W. J. TREMBLAY, PA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
DELRAY BEACH, FL.

4. FEI Number **59-2338897**

Applied For
 Not Applicable

Zip Country

Zip Country
33483 US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TAYLOR, ROBERT J.
21521 WOODCHUCK CT
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name
W. J. TREMBLAY, PA.
 Street Address (P.O. Box Number is Not Acceptable)
1801 S. FEDERAL HWY. STE 219
 City
DELRAY BEACH FL Zip Code
33483

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 **W. J. TREMBLAY**
 Signature, typed or printed name of registered agent and title if applicable

W. J. Tremblay
 (NOTE: Registered Agent signature required when reappointing)

01/24/2002
 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, 2002 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	PST	<input type="checkbox"/> Delete
NAME	TAYLOR, ROBERT J.	
STREET ADDRESS	21521 WOODCHUCK CT	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE: **Robert J. Taylor**
 Signature and typed or printed name of signing officer or director

01/24/2002 (561) 243-6355
 Date Daytime Phone #

CR2E034 (9/01)