

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90043 013 ***158.75

DOCUMENT # P00000088648

1. Entity Name
APEX REFRIGERATION SERVICES, INC.

Principal Place of Business Mailing Address
8829 KIWI PLACE 8829 KIWI PLACE
NAVARRE FL 32566 NAVARRE FL 32566

2. Principal Place of Business 3. Mailing Address
4650 BROWNING CT. P.O. BOX 1577
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CRESTVIEW, FL. CRESTVIEW, FL.
 Zip Country Zip Country
32539 U.S.A. 32536 U.S.A.

4. FEI Number Applied For
59-3672149 Not Applicable

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

6. Name and Address of Current Registered Agent

CHRISTOPHER, DARYL G
8829 KIWI PLACE
NAVARRE FL 32566

7. Name and Address of New Registered Agent

Name **KENNETH M. STILLMAN**
 Street Address (P.O. Box Number is Not Acceptable)
4650 BROWNING CT.
 City **CRESTVIEW** **FL** Zip Code **32539**

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 *Kenneth M. Stillman* **KENNETH M. STILLMAN** **4/03/2001**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
PRESIDENT/OWNER

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 ☐ Delete
D
 NAME **STILLMAN, KENNETH M**
 STREET ADDRESS **4650 BROWNING COURT**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE ☒ Delete
D
 NAME **CHRISTOPHER, DARYL G**
 STREET ADDRESS **8829 KIWI PLACE**
 CITY-ST-ZIP **NAVARRE FL 32566**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
D
 NAME **NORMA J. STILLMAN**
 STREET ADDRESS **4650 BROWNING CT.**
 CITY-ST-ZIP **CRESTVIEW, FL. 32539**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 empowered.

SIGNATURE: *Kenneth M. Stillman*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH M. STILLMAN
PRESIDENT/OWNER

1-850-682-4722 4/03/2001

Date Daytime Phone #

CRE034 (10/00)