

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90508 015 ***150.00

DOCUMENT # P00000096367

1. Entity Name

TGS REFRIGERATION, INC.

Principal Place of Business

5641 94TH TERRACE
PINELLAS PARK FL 33782

Mailing Address

5641 94TH TERRACE
PINELLAS PARK FL 33782

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5641 94th terr

Suite, Apt. #, etc.

5641 94th terr

City & State

Pinellas Park Florida

City & State

Pinellas Park Florida

Zip

33782

Country

America

Zip

33782

Country

America

4. FEI Number

59-3680277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, THOMAS G
5641 94TH TERRACE
PINELLAS PARK FL 33782

7. Name and Address of New Registered Agent

Name Thomas G. Smith

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

5641 94th terr.

City Pinellas Park

FL

Zip Code 33782

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 *Thomas G. Smith*

Thomas G. Smith President

3-11-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 President and all other
NAME Thomas G. Smith
STREET ADDRESS 5641 94th terr
CITY-ST-ZIP Pinellas Park FL 33782 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *Thomas G. Smith*

Thomas G. Smith President

Date

Daytime Phone #

3-11-01 727 4104122

CR2E034 (10/00)