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## FILED Jul 10, 2002 8:00 am Secretary of State

## 2002 UNIFORM BUSINESS REPORT (UBR)

	Oiti Oiti 2001				_	05-2	0-2002 90034	011 ***15	60.00
DOCUMENT # P00000115470									
1. Entity Name	REFRIGERATION, INC.				/				
STEALIH F	EPRICERATION, INC.	_		•					
					┥	0005	<del>^</del>		
Principal Place of Business Maifing Address					1	3835	4	٠.	
8610 INDIES DRIVE 8610 INDIES DRIVE HUDSON FL 34667									
HUDSON FL 34	<b>967</b>					4 (40 (1971) 201 <b>13</b> (16 <b>53</b> 0) <b>3 (3</b> 8) <b>61</b> ) <b>3</b>	DAT DOCK BEAUTION TO HEAVE	Million	-
					4				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			7	DO NOT WRITE I	N THIS SPACE		
Obito, Apr.		0			-\	El Number 0.7.7.0	20 [40	olied For	1
City & State	•	City & State				El Number 59 – 368759	) No	t Applicable	1
Zip	Country	Zip	Coun	lry	5. C	ertificate of Status Desired	S8.75 Add	itlonal	تت
		ristand Appet			7. N	eme and Address of New Reg	Istared Agent		1
	6. Name and Address of Current Re	American Marie		Name - 3		ownerwak Day	TO 10 10 10 10 10 10 10 10 10 10 10 10 10		
SDIEGEI A	UTRETA, P.A.		1	Street, Addrs	ξs (P.Ω.Β	ox Number is Not Acceptable)	-		<u> </u>
	RA AVENUE			8010	<u>, ,,</u>	YEAR DIC.			İ
	BLES_FL 33134				- 1-		EL FOEM	1/2/7	
	•			Chy  -	ug/S		FL Set	00'1	İ
8. The above	named entity submits this statement for t	he purpose of changing its	register	ed office or reg	istered ag	ent, or both, in the State of Florid	Ja.	. 1	1
	Ma m /120	athorn	×				4-29	1-02	
SIGNATURE	Signature, Ivoned or printed neme of registered agent and	distribution (NOTI	E: Registers	d Agent signature re	puired when re	inclaing)	DATE		ĺ
·		FILE NOW!	!! FEE	IS \$150.00		19. Election Campaign Finar	ncing \$5.0	O May Be	
Tax filing	pration is eligible to satisfy its Intangible requirement and elects to do so.	After May 1, 20	02 Fee	will be \$550.	00 State	Trust Fund Contribution.		to Fees	
(See crite	ria on back)	Make Check Payat	12.		AD	DITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 1-1	_
11.	OFFICERS AND D	Delate	TITL				Change	Addition	CR2E034 (9/01)
TITLE NAME	PD Weatherwax, James A		NAA	- I					3
STREET ADDRESS	8610 INDIES DRIVE			EET ADORESS (-ST-ZIP					N N
CITY-ST-ZIP	HUDSON FL 34687	☐ Delete	m	Ē.			☐ Change	☐ Addition	Ö
TITLE NAME	vsto Weatherwax, Dawn R		NAI	-					
STREET ADORESS	8610 INDIES DRIVE			EET ADORESS Y-ST-ZDP					
CITY-ST-ZIP	HUDSON FL 34887		<b>5</b>	4	يجيمهم		Change?	- Addition	=
HITLE NAME			NA				· · ·-		ł
_STREET ADDRESS				Y-ST-ZP	_ <del></del>			·	
CITY-ST-ZIP		☐ Delate	TIE	LE .			☐ Change	Addition	
NAME -				VE-					
STREET ACCRESS			4	Y-ST-ZIP			·		]
CITY-ST-ZIP	<del> </del>	☐ Delete	TIT				☐ Change	Addition	
TITLE NAME		_ yes	NA	ME					
STREET ADDRESS	s  -	-		YEET ADDRESS Y-ST-ZIP			<u> </u>		1
CITY-51-2P		☐ Odete	717				Change	Addition	]
NAME		0056	NA	ME					
STREET ADDRESS	<u> </u>			REET ADCRESS					1
CITY-ST-ZIP		this filling does not assisted	or the ev	emotion stated	in Section	119.07(3)(i), Florida Statutes. I	further cortify that the	information	1
13. I hereby	y certify that the information supplied with ad on this report or supplemental report is	true and accurate and that weren to execute this reco	my sign	ature shall have uired by Chapt	the same or 607, Flo	legal effect as if made under or ride Statutes; and that my name	eppears in Block 11 o	Block 12 lf	1
of the co	y certify that the information supplied with ad on this report or supplemental report is orporation or the receiver or trustee empord, or on an attachment with an address, v	with all other like empowered	d.			1 -0 -0		2211	
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