

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90063 042 ***158.75

DOCUMENT # P01000067202

1. Entity Name
MARSH REFRIGERATION, INC.

Principal Place of Business

19570 NW 87TH PL.
HIALEAH FL 33018

Mailing Address

19570 NW 87TH PL.
HIALEAH FL 33018

2. Principal Place of Business
2646 W 84 Street

3. Mailing Address
19570 NW 87 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hialeah, FL

City & State
Hialeah, FL 33018

4. FEI Number
65-1127014

Applied For
Not Applicable

Zip
33016

Country
USA

Zip
33018

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARSH, DONALD P
19570 NW 87TH PL.
HIALEAH FL 33018

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 *Donald P. Marsh*
Signature, typed or printed name of registered agent and title if applicable.

Donald P. Marsh

1/10/02

DATE

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Delete**
NAME **President/Director**
STREET ADDRESS **Donald P. Marsh**
CITY-ST-ZIP **19570 NW 87 Place**
Hialeah, FL 33018

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

TITLE ☐ **Delete**
NAME **Secretary/Treasurer/Director**
STREET ADDRESS **Eleanor Ann Marsh**
CITY-ST-ZIP **19570 NW 87 Place**
Hialeah, FL 33018

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

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

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

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

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Delete**
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STREET ADDRESS
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: *Donald P. Marsh* **Donald P. Marsh** **1/10/02**
President/Director **305/823-1141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)