

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0036124 AV

DOCUMENT # P01000099475

1. Entity Name
PREMIER COMMERCIAL REFRIGERATION, INC.

04-11-2002 90071 042 ***150.00

Principal Place of Business
5150 BELFORT ROAD, BUILDING 100
JACKSONVILLE FL 32256

Mailing Address
P.O. BOX 551260
JACKSONVILLE FL 32255



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3750692**

Applied For
 Not Applicable

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

SCHNEIDER, MICHAEL N
5150 BELFORT ROAD, BUILDING 100
JACKSONVILLE FL 32256

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 _____
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **D** ☐ Delete
WATERS, JAMES L JR.
 STREET ADDRESS **5150 BELFORT ROAD, BUILDING 100**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE
 NAME **D/P** ☒ Change ☐ Addition
Waters, James L. Jr.
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **D** ☐ Delete
ANSBACHER, LEWIS
 STREET ADDRESS **5150 BELFORT ROAD, BUILDING 100**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE
 NAME **D/S** ☒ Change ☐ Addition
Ansbacher, Lewis
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME **D** ☐ Delete
SCHNEIDER, MICHAEL N
 STREET ADDRESS **5150 BELFORT ROAD, BUILDING 100**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE
 NAME **D/T** ☒ Change ☐ Addition
Schneider, Michael
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)