

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90124 046 ***150.00

04/07/96 AV

DOCUMENT # P92000004747

1. Entity Name

REFRIGERATED EQUIPMENT DISTRIBUTORS, INC.



Principal Place of Business

**5326 W. CRENSHAW ST.
TAMPA FL 33634
US**

Mailing Address

**5326 W. CRENSHAW ST.
TAMPA FL 33634
US**

2. Principal Place of Business

5334 W. CRENSHAW ST.

3. Mailing Address

5334 W. CRENSHAW ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FL 33634

City & State

TAMPA, FL 33634

Zip

Country
US

Zip

Country
US

4. FEI Number

59-3150210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SILVERMAN, BRUCE M
5334 W CRENSHAW STREET
TAMPA FL 33634**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SILVERMAN, BRUCE M | |
| STREET ADDRESS | 5334 W CRENSHAW ST | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SILVERMAN, VICTORIA J. | |
| STREET ADDRESS | 5334 W CRENSHAW ST | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | WALLACE, JAMES A | |
| STREET ADDRESS | 5334 W CRENSHAW ST | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | RICH, JOSEPH F | |
| STREET ADDRESS | 5334 W CRENSHAW ST | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph F. Rich
JOSEPH F. RICH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/03
Date

813-886-2591
813-328
Daytime Phone

CR2E034 (10/02)