FILED Mar 28, 2002 8:00 am Secretary of State 03-28-2002 90020 037 ***150.00

Principal Place of Business 10007 Kild LANE HUBSON R. 1 4669 2. Principal Place of Business Suite, Apr. 8, etc. Suite, Apr. 8, etc. City & State Covering Zip Country Zip Zip Country Zip Zip Zip Zip Zip Zip Zip Zi	1. Entity Nan	MENT# P9400 (REFRIGERATION, INC.	0008931		Secretary of Sta 03-28-2002 90020 037 ***150		
Suite, Apt. 4, etc. Suite, Apt. 5, etc. Suite, Apt. 6, etc. Suite, Apt. 6, etc. City & State City & State A. FEI Number 59-3241994 Applied For Not Applicable Applied For Not Applied For Not Applicable Applied For Not Applied For Not Applied For Not Applied For Not Applied Applied For Not	10607 KIM LANE		10607 KIM LANE				
City & State City & State City & State City & State September Sep 324 1894 Replication Not Applicable Not Applicable September Sep 324 1894 Replication Not Applicable Sep 8.75 Additional Fee Republication Fee Re	Principal Place of Business 3. Mailing Address						
Zip Country Zip Country Sip St. Certificate of States Desired State Desired Desired State Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
Sp. Country Zip Country Zip Country S. Certificate of Status Desired See Regulated See Regul	City & State		City & State		4. FEI Number 59-3241994		
RICCARDO, THOMAS JR. 19607 KIN LANE HUDSON FL 34669 City FL Zip Code 6. Trice 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 9. The corporation is eligible to satisfy its intangible Tax fitting requirement and elocits to do so. (Soc criteria on buck) NAME NAME RICCARDO, THOMAS STRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS CITY-ST-2P	Zip	Country	Zip	Country		Additional	
RICCARDO, THOMAS JR. 10607 KIM LANE HUDSON FL 34669 City FL ZP Code City FL ZP Code City FL State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangbio Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 11.		6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent		
8. Tire 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 the a applicable. Philis corporation is alligible to satisfy its intangible Tax filing requirement and effects to do so. Make Check Payable to Department of State FILE NOW/III FEE (S 150.00 After May 1, 2002 Fee will be \$550.00 May Bo Added to Fees will be \$550.00 M	RICCARDO, THOMAS JR. 10607 KIM LANE						
SIGNATURE Septembre, Speed or privated name of registered agend and allow a applicable. (NOTE Registered Agent algebalue required when retinatoring) Septembre, Speed or privated name of registered agend and allow a applicable. (NOTE Registered Agent algebalue required when retinatoring) Total Comparign Financing (Septembre) Septembre) Charge Septembre) Charg				City	FL Zip C	Code	
9. This corporation is eligible to satisfy its Intangible Tax filting requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIFECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11 TITLE PRICCARDO, THOMAS SITRET ADDRESS 10607 KIM LANE HUDSON FL 34669 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET	8. Rie above	e named entity submits this statement for	the purpose of changing its reg	istered office or regist	ered agent, or both, in the State of Florida.		
Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees	SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable, (NOTE: Re	gistered Agent signature requi	red when reinstating) DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STR	Tax filing requirement and elects to do so After May 1, 2002			Fee will be \$550.00	Trust Fund Contribution.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY	11.	OFFICERS AND D				ORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TITLE NAME STREET ADDRESS	P RICCARDO, THOMAS 10607 KIM LANE		TITLE NAME STREET ADDRESS			
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Chang	e Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Chang	e Addition	
NAME STREET ADDRESS NAME STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	NAME STREET ADDRESS	☐ Chang	e Addition	
	NAME STREET ADDRESS		☐ Delete ,	NAME STREET ADDRESS	☐ Chang	e 🔲 Addition	

3. 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 OFFICER

2002 UNIFORM BUSINESS REPORT (UBR)

03-16-62 727 856 4378 Date Daytime Phone #