

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000044934

1. Entity Name

C & Z REFRIGERATION, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90024 008 ***150.00

Principal Place of Business

Mailing Address

220 MORNING CREEK CIRCLE
 APOPKA FL 32712

220 MORNING CREEK CIRCLE
 APOPKA FL 32712-8137

2. Principal Place of Business

32239 WOLFBRANCH LANE

3. Mailing Address

32239 WOLFBRANCH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SORRENTO, FL

City & State

SORRENTO, FL

4. FEI Number

~~50-0253754~~

Applied For
 Not Applicable

Zip

32276

Country

~~LAKE~~ LAKE

Zip

32276

Country

LAKE

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CAMMARATA, ANGELICA E
 1521 W. U.S. HWY 441
 APOPKA FL 32712

7. Name and Address of New Registered Agent

Name: MICHEAL STATION
 Street Address (P.O. Box Number is Not Acceptable):
 32239 Wolfbranch LANE
 City: SORRENTO FL Zip Code: 32276

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

Michael T. Station
 (NOTE: Registered Agent signature required when reinstating)

04-15-00
 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, 2000 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CAMMARATA, FRANK R	
STREET ADDRESS	220 MORNING CREEK CIRCLE	
CITY-ST-ZIP	APOPKA FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CAMMARATA, ANGELICA E	
STREET ADDRESS	220 MORNING CREEK CIRCLE	
CITY-ST-ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MICHEAL STATION	<input type="checkbox"/> Change <input checked="" 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		

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-00 407-832-4856
 Date Daytime Phone #

CR2E034 (9/99)