

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

Zip

32276

Country

LAKE

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

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

Name

MICHAEL 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

Michael T. Station

04-15-00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME CAMMARATA, FRANK R
STREET ADDRESS 220 MORNING CREEK CIRCLE
CITY-ST-ZIP APOPKA FL

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

TITLE STD ☒ Delete
NAME CAMMARATA, ANGELICA E
STREET ADDRESS 220 MORNING CREEK CIRCLE
CITY-ST-ZIP APOPKA FL

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 ☐ 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: *Michael T. Station*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-15-00 407-832-4856

CR2E034 (9/99)