

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90969 039 ***150.00

0198720 AV

DOCUMENT # **P94000064962**

1. Entity Name
UNIQUE COLD STORAGE AND TRANSFER, INC.



Principal Place of Business
**1400 SW 6TH COURT
SUITE B
POMPANO BEACH FL 33069
US**

Mailing Address
**1400 SW 6TH COURT
SUITE B
POMPANO BEACH FL 33069
US**

2. Principal Place of Business

1430 SW 6th Crt

Suite, Apt. #, etc.

3. Mailing Address

1430 SW 6th Crt

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Pompano Beach FL

City & State

Pompano Beach FL

4. FEI Number

65-0516899

Applied For

Not Applicable

Zip

33069

Country

USA

Zip

33069

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLESCOTT, ROBERT JR.
1400 SW 6TH COURT
SUITE B
POMPANO BEACH FL 33069**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1430 SW 6th Crt

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 **D.** ☐ Delete
NAME **COLESCOTT, ROBERT JR.**
STREET ADDRESS **1400 SW 6TH COURT SUITE B**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D/T/S** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1430 SW 6th Court**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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

ROBERT E. COLESCOTT JR.

4/23/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)