

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90569 042 ***150.00

DOCUMENT # P95000033376

1. Entity Name

GULF COAST REFRIGERANTS, INC.

Principal Place of Business

Mailing Address

**12295-B1, AUTOMOBILE BLVD
 CLEARWATER FL 33762
 US**

**12295-B1 AUTOMOBILE BLVD
 CLEARWATER FL 33762
 US**

80095559



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6292 TOWER LANE

6292 TOWER LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 5

SUITE 5

City & State

City & State

SARASOTA, FL

SARASOTA, FL

Zip

Country

Zip

Country

34240

USA

34240

USA

4. FEI Number

59-3304778

Applied For

Not Applicable

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

OLSEN, JULIE M

**12295 B-1 AUTOMOBILE BLVD
 CLEARWATER FL 33762**

Name

OLSEN, JULIE M

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

6292 TOWER LANE

SUITE 5

City

SARASOTA

FL

Zip Code

34240

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

Julie M. Olsen

PRESIDENT

JULIE M. OLSEN

2/4/02

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PTD
 OLSEN, JULIE M
 4976 253RD ST E
 MYAKKA CITY FL 34251** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VSD
 LOOK, BARRY D
 4976 253RD ST E
 MYAKKA CITY FL 34251** ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Julie M. Olsen
 JULIE M. OLSEN

PRESIDENT

2/4/02

941-343-9901

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)