

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066342

1. Entity Name

OFFSHORE REFRIGERATION, INC.

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

05-09-2000 90083 048 ***158.75

Principal Place of Business

Mailing Address

1010 18TH TERRACE
 KEY WEST FL 33040

1010 18TH TERRACE
 KEY WEST FL 33042-3656

2. Principal Place of Business

17367 Dolphin St
 Suite, Apt. #, etc.

3. Mailing Address

17367 Dolphin St.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sugarloaf Shores, FL.

City & State

Sugarloaf Shores FL.

4. FEI Number

65-0691807

Applied For

☒ Not Applicable

Zip
 33042

Country
 USA

Zip
 33042

Country
 USA

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

WAITE, DANIEL C
 101018TH TERRACE
 KEY WEST FL 33040

Name Daniel C. Waite

Street Address (P.O. Box Number is Not Acceptable)
 17367 Dolphin St.

City Sugarloaf Shores FL Zip Code 33042

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, 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	P	<input type="checkbox"/> Delete
NAME	WAITE, DANIEL C	
STREET ADDRESS	1010 18TH TERRACE	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WAITE, KAREN M	
STREET ADDRESS	101018TH TERRACE	
CITY-ST-ZIP	KEY WEST FL 33040	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Waite, Daniel C.	
STREET ADDRESS	17367 Dolphin St	
CITY-ST-ZIP	Sugarloaf Shores, FL 33042	
TITLE	VP, Sec. TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Waite, Karen M.	
STREET ADDRESS	17367 Dolphin St	
CITY-ST-ZIP	Sugarloaf Shores, FL 33042	
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:

Karen M. Waite
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-2000
 Date

305-745-7332
 Daytime Phone #

CR2E034 (9/99)