

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **CP97000087160**

1. Entity Name **Certified Commercial Refrigeration Inc.**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY 15 PM 3:15

Principal Place of Business

Mailing Address

2. Principal Place of Business

Certified Commercial Refrigeration

3. Mailing Address

P.O. Box 368

Suite, Apt. #, etc.

2246 Bobwhite Ln.

Suite, Apt. #, etc.

Gonzalez FL

City & State

Pensacola FL

City & State

Zip

Country

32534

Zip

Country

32560

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Kevin Stafford
2246 Bobwhite Ln.
Pensacola FL 32534

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

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

(NOT

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, 2011 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 **President** ☐ Delete
NAME **Kevin J. Stafford**
STREET ADDRESS **2246 Bobwhite Ln.**
CITY-ST-ZIP **Pensacola, FL 32534**

TITLE **Sec/Treasurer** ☐ Delete
NAME **Raelene M. Stafford**
STREET ADDRESS **2246 Bobwhite Ln.**
CITY-ST-ZIP **Pensacola, FL 32534**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

850-937-9070

Daytime Phone #

CR2E034 (11/00)