

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90055 015 ***158.75

DOCUMENT # P97000102835

1. Entity Name
BEACHES REFRIGERATION, INC. *Beaches Heating, Air Conditioning and Refrigeration Inc.*

Principal Place of Business Mailing Address
1117 BEACH BOULEVARD JACKSONVILLE BEACH FL 32250 **1117 BEACH BOULEVARD JACKSONVILLE BEACH, FL. 32250-3446**

2. Principal Place of Business 3. Mailing Address
13245 Atlantic Blvd **13245 Atlantic Blvd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Ste 4-351 **Ste 4-351**
City & State City & State
Jacksonville **Jacksonville**
Zip Country Zip Country
32225 **USA** **32225** **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3480984** Applied For Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DOERR, STEPHEN E
1117 BEACH BOULEVARD
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent
Name **Jeffrey Joseph Othmer**
Street Address (P.O. Box Number is Not Acceptable) **1124 Dorwinion Dr**
City **Jacksonville** FL Zip Code **32225**

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 **Jeffrey J. Othmer** *[Signature]* **3/2/00**
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. ☒ **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	D	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOERR, STEPHEN E		NAME	Jeffrey J. Othmer	
STREET ADDRESS	1117 BEACH BOULEVARD		STREET ADDRESS	13245 Atlantic Blvd Ste 4-351	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250		CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* **3/2/00** **904-759-3762**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)