

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107029

1. Entity Name

CATO REFRIGERATION & AIR CONDITIONING, INC.

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90051 026 \*\*\*150.00

Principal Place of Business

Mailing Address

ST. CLOUD FL 34773

9130 JUPITER DRIVE  
ST. CLOUD FL 34773-9653

US

2. Principal Place of Business

105 E. 17th Street

3. Mailing Address

105 E. 17th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
St. Cloud, Florida

City & State  
St. Cloud, Florida

4. FEI Number 59-3507801

Applied For  
Not Applicable

Zip  
34769

Country  
Osceola

Zip  
34769

Country  
Osceola

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

FOUNTAIN, DENNIS F  
815 ORIENTA AVENUE  
SUITE 5  
ALTAMONTE SPRINGS FL 32701

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.

(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 D ☒ Delete  
NAME FOUNTAIN, DENNIS F  
STREET ADDRESS 815 ORIENTA AVENUE, SUITE 5  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

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

TITLE DP ☒ Delete  
NAME CATO, EDWIN B.  
STREET ADDRESS 9130 JUPITER DRIVE  
CITY-ST-ZIP ST. CLOUD FL 34773

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

TITLE DVP ☐ Delete  
NAME CATO, ROBERT P.  
STREET ADDRESS 8100 RUFFIN DR  
CITY-ST-ZIP ORLANDO FL 32825

TITLE D, P, VP, ST ☒ Change ☐ Addition  
NAME CATO, ROBERT P.  
STREET ADDRESS 218 COSMOS DR.  
CITY-ST-ZIP ORLANDO, FL 32807

TITLE DST ☒ Delete  
NAME CATO, TRAVIS L.  
STREET ADDRESS 3832 BOWLINE CIRCLE APT. #103  
CITY-ST-ZIP KISSIMMEE FL 34741

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)