

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
 US

9130 JUPITER DRIVE
 ST. CLOUD FL 34773-9653

2. Principal Place of Business

105 E. 17th Street
 Suite, Apt. #, etc.

3. Mailing Address

105 E. 17th Street
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|--------------------|-------------------------------|----------------------------|-------------------------------------|
| D | FOUNTAIN, DENNIS F | 815 ORIENTA AVENUE, SUITE 5 | ALTAMONTE SPRINGS FL 32701 | <input checked="" type="checkbox"/> |
| DP | CATO, EDWIN B. | 9130 JUPITER DRIVE | ST. CLOUD FL 34773 | <input checked="" type="checkbox"/> |
| DVP | CATO, ROBERT P. | 8100 RUFFIN DR | ORLANDO FL 32825 | <input type="checkbox"/> |
| DST | CATO, TRAVIS L. | 3832 BOWLINE CIRCLE APT. #103 | KISSIMMEE FL 34741 | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|--------------|-----------------|----------------|-------------------|-------------------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| D, P, VP, ST | CATO, ROBERT P. | 218 COSMOS DR. | ORLANDO, FL 32807 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 #

4/13/00

CR2E034 (9/99)