

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90066 037 \*\*\*150.00

**DOCUMENT # P97000107029**

1. Entity Name

**CATO REFRIGERATION & AIR CONDITIONING, INC.**

Principal Place of Business

**105 E. 17TH ST.  
SAINT CLOUD FL 34769  
US**

Mailing Address

**105 E. 17TH ST.  
SAINT CLOUD FL 34769  
US**

2. Principal Place of Business

**19 E 17th Street**

3. Mailing Address

**19 E 17th St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**St Cloud, FL**

City & State  
**FLORIDA ST CLOUD**

4. FEI Number  
**59-3507801**

Applied For  
Not Applicable

Zip  
**34769**

Country

Zip  
**34769**

Country

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-**

address change:

**5703 Red Bug Lake Rd  
PMB # 237**

**Winter Springs, FL 32708**

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, 2002 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  
**DPS  
CATO, ROBERT P.  
218 COSMOS DR  
ORLANDO FL 32807** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Robert P Cato  
218 Cosmos Dr  
Orlando, FL 32807** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VST  
CATO, ROBERT P  
218 COSMOS DR  
ORLANDO FL 32807** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary-Treasurer  
Edwin Cato  
12 E 17th St  
St. Cloud, FL 34769** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President  
Travis Cato  
222 N Alachua Rd Apt 17  
Orlando FL 32835** ☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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 (9/01)