

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 09, 2003 8:00 am**  
**Secretary of State**

01-09-2003 90019 030 \*\*\*150.00

DOCUMENT # **P99000048620**

1. Entity Name  
**DANRICH COOLING, INC.**



Principal Place of Business  
**4700 LAREDO AVENUE  
FORT MYERS FL 33905**

Mailing Address  
**4700 LAREDO AVENUE  
FORT MYERS FL 33905**



2. Principal Place of Business

**5591 Zip Drive**

Suite, Apt. #, etc.

3. Mailing Address

**5591 Zip Drive**

Suite, Apt. #, etc.

City & State

**Ft. Myers FL**

City & State

**Ft. Myers FL**

Zip

**33905**

Country

**LEE**

Zip

**33905**

Country

**LEE**

4. FEI Number **65-0925637**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BELISLE, DANIEL L  
212 N. LAKE AVE  
LEHIGH ACRES FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Daniel L. Belisle*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>BELISLE, DANIEL L</b>	
STREET ADDRESS	<b>212 N. LAKE AVE</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	<b>MIDDLETON, JOHN R SR.</b>	
STREET ADDRESS	<b>111 E 3RD ST</b>	
CITY-ST-ZIP	<b>FT. MYERS FL 33905</b>	
TITLE	STD	<input type="checkbox"/> Delete
NAME	<b>BELISLE, CHRISTINE A</b>	
STREET ADDRESS	<b>212 N. LAKE AVENUE</b>	
CITY-ST-ZIP	<b>LEHIGH ACRES FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>5204 Palm Beach Blvd.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>FT. MYERS, FL</b>	
CITY-ST-ZIP	<b>33905</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Daniel L. Belisle*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1-6-03**

**239-690-1265**

CR2E034 (10/02)