

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90036 034 ***150.00

DOCUMENT # P99000053171

1. Entity Name
FROZEN AND REFRIGERATION FOODS OF CENTRAL FLORIDA, INC.



Principal Place of Business
PO BOX 1733
LAND O LAKES FL 34639

Mailing Address
PO BOX 1733
LAND O LAKES FL 34639

2. Principal Place of Business
958 Narcissus Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 3472
Suite, Apt. #, etc.

City & State
Clearwater Beach, FL
Zip
33767
Country

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Clearwater Beach, FL
Zip
33767
Country

4. FEI Number **59-3582375**

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

POLLOCK, TRENA
25326 OAKS BLVD
LAND O LAKES FL 34639

7. Name and Address of New Registered Agent

Name
Joyce Alderman
Street Address (P.O. Box Number is Not Acceptable)
958 Narcissus Ave
City
Clearwater Beach **FL** **Zip Code**
33767

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 **Joyce Alderman**
Signature typed or printed name of registered agent and title if applicable.

1/29/2003
DATE

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Delete
NAME **LAMBERSON, LINDA**
STREET ADDRESS **PO BOX 22889**
CITY-ST-ZIP **TAMPA FL 33622**

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

TITLE **DP** ☒ Delete
NAME **DYER, LINDA**
STREET ADDRESS **5908 BRECKENRIDGE PKY**
CITY-ST-ZIP **TAMPA FL 33610**

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

TITLE **BGT** ☐ Delete
NAME **PLOOR, RICK**
STREET ADDRESS **5908 BRECKENRIDGE PKY**
CITY-ST-ZIP **TAMPA FL 33610**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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: **Joyce Alderman**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2003
Date

(727) 445-9222
Daytime Phone #

0270224 AV

CR2E034 (10/02)