

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P99000058152

1. Entity Name

FOOD EQUIPMENT TECHNICAL SERVICES, INC.

02 DEC -3 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7262 118TH CIRCLE N

Suite, Apt. #, etc.

3. Mailing Address

7262 118TH CIRCLE N

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAR60, FL

City & State

LAR60, FL

4. FEI Number

59-3594204

Applied For

Not Applicable

Zip

33773

Country

Zip

33773

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JOHN CARACCI

Street Address (P.O. Box Number is Not Acceptable)

7262 118TH CIRCLE N

City

LAR60

FL

Zip Code

33773

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PVST
CARACCI, JOHN
7262 118TH CIRCLE N
LAR60, FL 33773

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11/05/02--01094--007 **150.00

**DO NOT WRITE
IN THIS SPACE**

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 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 #

727-559-0003

CR2E034B (12/01)

js 12/6



FOOD EQUIPMENT TECHNICAL SERVICES, INC.
7262 118TH CIRCLE N
LARGO, FLORIDA 33773
727-539-0003

October 30, 2002

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Division of Corporations Representative:

Enclosed is the 2002 Uniform Business Report for Food Equipment Technical Services, Inc. and a check payable to the Department of State for \$150. Please process this form and reactivate the corporation. Additionally, we respectfully request the reactivation fee be waived. The report was not timely filed because we had not received any prior correspondence regarding this matter. Thank you for your consideration and please contact me should you require and further information.

Sincerely,

A handwritten signature in cursive script, appearing to read "John Caracci".

John Caracci, President

foodequip

cc: [illegible]

cc: [illegible]

A handwritten signature in cursive script, appearing to read "John Caracci".