UNIFORM BUSINESS REPORT (UBR)

FILED

DOCU	INTENIT # AGG]	
DOCUMENT # P99000058152 1. Entity Name FOOD EQUIPMENT TECHNICAL SERVICES, INC.				02 DEC -3 AH IO: 22		
 				•	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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2 Principal I	Place of Business	3. Mailing Address			i,	
	118TH CIRCLE N	7262 /187	200	RUEN		
Suite, Apt		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & Sta	te	City & State			4. FEI Number	Applied For
	260 FL	LA1260,	FL		59-3594204	Not Applicable
332°	Country 23	Zip 33773	Count	try		Additional quired
		rsymple of the comment of	机弹机		7. Name and Address of Current Registered Agent	
าร์วาร์วาลีรักร์ วาล์กลองเรียกสังค์				Name Jol	YN CARACCI	
	<u>#EDONOT W</u>				P.O. Box Number is Not Acceptable)	
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					and agont, or both, in the State of Florida	
8. The above	e named entity submits this statement f	or the purpose of changing i	s registere	ed office or register	ed agent, or both, in the State of Florida.	
		or the purpose of changing i	s registere	ea office or register	ecrages, or both, in the state of nortica.	
8. The above				ed office of register		
SIGNATURE		and title if applicable. (NC	TE: Registered	d Agent signature required	when reinstating) OATE	25.00
SIGNATURE 9. This corporate filing	Signature, typed or printed name of registered egen oration is eligible to satisfy its Intangibl requirement and elects to do so.	and title if applicable. (NC January 1. After Ma	May 1 Fe y 1 Fee I ad UBR Is	1 Agent signature required te 18: \$150.00 / # 5: \$550.00 8: \$61.25	twhen reinstaling) OATE 10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be
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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:

aine AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 727-559-0003 Dayume Phone 4

Date

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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.

John Caracci, President

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