

.2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061527

1. Entity Name
JVJ REFRIGERATED, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90034 008 ***150.00

Principal Place of Business Mailing Address
~~808 W. DE LEON STREET~~ 808 W. DE LEON STREET
~~TAMPA FL 33606-2722~~ TAMPA FL 33606-2722

2. Principal Place of Business 3. Mailing Address
22 Hwy 60, West Suite, Apt. #, etc.

City & State City & State
Lake Wales, Florida Suite, Apt. #, etc.

Zip Country Zip Country
33853 **USA**

4. FEI Number Applied For
593588457 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ROTHBURD, CRAIG E. Rothburd, Craig E.
808 W. DE LEON STREET
TAMPA FL 33606-2722

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.

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, 2000 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	PSTD <input checked="" type="checkbox"/> Delete
NAME	ROTHBURD, CRAIG E.
STREET ADDRESS	808 W. DE LEON STREET
CITY-ST-ZIP	TAMPA FL 33606-2722
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mathew Jantomaso
STREET ADDRESS	22 Hwy 60, West
CITY-ST-ZIP	Lake Wales, Florida 33853
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 **Mathew Jantomaso, PSTD** Date Daytime Phone #

CR2E034 (9/99)