

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

FILED
Jun 19, 2003 8:00 am
Secretary of State

06-19-2003 90046 004 ***150.00

DOCUMENT # V05605

1. Entity Name

South Atlantic Cold Storage, Inc. ✓ (L)



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 2823

3. Mailing Address

P.O. Box 2823

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3105560

Applied For

Not Applicable

Zip

32203

Country

DUVAL

Zip

32203

Country

DUVAL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WILLIAM H MORRIS

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

249 COPELAND STREET

City

JACKSONVILLE

FL

Zip Code

32204

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

PRESIDENT

NAME

WILLIAM H MORRIS

STREET ADDRESS

249 COPELAND STREET

CITY - ST - ZIP

JACKSONVILLE, FL 32204

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

VICE PRESIDENT

NAME

STEVEN L COON

STREET ADDRESS

249 COPELAND STREET

CITY - ST - ZIP

JACKSONVILLE, FL 32204

TITLE

NAME

STREET ADDRESS

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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 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 #

CR2E034B (12/02)