

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90042 033 ***150.00

DOCUMENT # V34021

1. Entity Name

COMMERCIAL FOOD EQUIPMENT MARKETING, INC.

Principal Place of Business

2665 WEST GULF DRIVE
 #1
 SANIBEL FL 33957
 US

Mailing Address

P.O. BOX 146
 SANIBEL FL 33957-0146
 US

A0029518



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

653 SEVERN ROAD

3. Mailing Address

653 SEVERN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEVERNA PARK, MD

City & State

SEVERNA PARK, MD

4. FEI Number

52-1780468

Applied For

Not Applicable

Zip

21146

Country

ANNE ARUNDEL

Zip

21146

Country

ANNE ARUNDEL

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILL, KENNETH R.
 2665 W GULF DRIVE, #1
 SANIBEL FL 33957

7. Name and Address of New Registered Agent

Name Carol Arnold
 Street Address (P.O. Box Number is Not Acceptable) 3980 COQUINA DRIVE
 City Sanibel FL Zip Code 33957

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE 1-31-00

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GILL, KENNETH R	
STREET ADDRESS	2665 W GULF DRIVE, #1	
CITY-ST-ZIP	SANIBEL FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GILL, JOANNE F	
STREET ADDRESS	2665 WEST GULF DRIVE, #1	
CITY-ST-ZIP	SANIBEL FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gill, Kenneth R.	
STREET ADDRESS	653 SEVERN ROAD	
CITY-ST-ZIP	SEVERNA PARK, MD 21146	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gill, JOANNE F	
STREET ADDRESS	653 SEVERN ROAD	
CITY-ST-ZIP	SEVERNA PARK, MD 21146	
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:

Joanne F. Gill
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-00 410-451-4600
 Date Daytime Phone #

CR2E034 (9/99)