

2003

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)



DOCUMENT # L02000030849  
1. Entity Name

COOL BREEZE TRUCKING LLC

**FILED**

03 SEP - 8 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
10203 GLENMOOR DRIVE  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
WEST PALM BCH FL  
Zip  
33409  
Country  
PALM BCH

City & State  
SAME  
Zip  
33409  
Country  
USA

4. FEI Number  
61-1432029  
Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name JAY E HART  
Street Address (P.O. Box Number is Not Acceptable)  
10203 GLENMOOR DRIVE  
City WEST PALM BCH FL Zip Code 33409

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  
*Jay E Hart*  
Signature, typed or printed name of registered agent and title if applicable.

JAY E HART  
MEMBER  
09/05/03  
DATE

FEE IS \$50.00  
Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
JAY E HART  
10203 GLENMOOR DRIVE  
WEST PALM BCH FL 33409

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100022821751  
09/08/03--01024--001 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  
*Jay E Hart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JAY E HART  
MEMBER  
09/05/03 (561) 329-8635  
Date Daytime Phone #

CR2E083B (12/02)