

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000069516

**Entity Name:** COOLTRONICS, INC.

**Current Principal Place of Business:**

1315 S HOWARD AVE  
SUITE 202  
TAMPA, FL 33606

**FILED**  
**Feb 21, 2024**  
**Secretary of State**  
**9607976697CC**

**Current Mailing Address:**

1315 S HOWARD AVE  
SUITE 202  
TAMPA, FL 33606 US

**FEI Number:** 27-0772962

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DIKMAN, TYLER  
1315 S HOWARD AVE STE 202  
C/O ROBERT DIKMAN  
TAMPA, FL 33606 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P, T  
Name DIKMAN, TYLER  
Address 1315 S HOWARD AVE STE 202  
C/O ROBERT DIKMAN  
City-State-Zip: TAMPA FL 33606

Title S  
Name DIKMAN, TYLER  
Address 1315 S HOWARD AVE STE 202  
C/O ROBERT DIKMAN  
City-State-Zip: TAMPA FL 33606

Title D  
Name DIKMAN, TYLER  
Address 1315 S HOWARD AVE STE 202  
C/O ROBERT DIKMAN  
City-State-Zip: TAMPA FL 33606

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TYLER DIKMAN

**PRESIDENT**

**02/21/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date