

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90142 033 ***150.00

DOCUMENT # 363824

1. Entity Name

SUPER COOL COLD STORAGE, INC.

Principal Place of Business

Mailing Address

502 E. Bridgers Ave.
Auburndale, FL 33823

502 E. Bridgers Ave.
Auburndale, FL 33823

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1292469

Applied For
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

Bostick, Guy
502 E. Bridgers Avenue
Auburndale, FL 33823

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

TITLE	VDT	<input type="checkbox"/> Delete
NAME	Jacobs, Milton E.	
STREET ADDRESS	502 E. Bridgers Ave.	
CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	D	<input type="checkbox"/> Delete
NAME	Bostick, Guy	
STREET ADDRESS	502 E. Bridgers Ave.	
CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	PD	<input type="checkbox"/> Delete
NAME	Bostick, R. Mark	
STREET ADDRESS	502 E. Bridgers Ave.	
CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	S	<input type="checkbox"/> Delete
NAME	Ready, Billy R.	
STREET ADDRESS	502 E. Bridgers Ave.	
CITY-ST-ZIP	Auburndale, FL 33823	
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	<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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

5/1/2000 (863-965-2516

Date

Daytime Phone #

CR2E034 (9/99)