

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 363824

FILED  
Apr 19, 2002 8:00 AM  
Secretary of State

Entity Name: SUPER COOL COLD STORAGE, INC.

## Current Principal Place of Business:

P.O. DRAWER 67  
AUBURNDALE, FL 33823

## New Principal Place of Business:

502 E. BRIDGERS AVENUE  
AUBURNDALE, FL 33823

## Current Mailing Address:

P.O. DRAWER 67  
AUBURNDALE, FL 33823

## New Mailing Address:

FEI Number: 59-1292469

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOSTICK, GUY  
502 E. BRIDGERS AVENUE  
AUBURNDALE, FL 33823 US

## Name and Address of New Registered Agent:

JACOBS, MILTON E  
502 E. BRIDGERS AVENUE  
AUBURNDALE, FL 33823 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: MILTON E. JACOBS

04/19/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: VDT ( ) Delete  
Name: JACOBS, MILTON E,  
Address: 502 EAST BRIDGERS AVE  
City-St-Zip: AUBURNDALE, FL 00000,

Title: D ( ) Delete  
Name: BOSTICK, GUY,  
Address: 502 EAST BRIDGERS AVE  
City-St-Zip: AUBURNDALE, FL 00000,

Title: PD (X) Delete  
Name: BOSTICK, R MARK,  
Address: 502 EAST BRIDGERS AVE  
City-St-Zip: AUBURNDALE, FL 00000,

Title: S (X) Delete  
Name: READY, BILLY R  
Address: 502 E.BRIDGERS AVE.  
City-St-Zip: AUBURNDALE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BOSTICK, R. MARK  
Address: 502 EAST BRIDGERS AVE  
City-St-Zip: AUBURNDALE, FL 33823

Title: TSD (X) Change ( ) Addition  
Name: JACOBS, MILTON E  
Address: 502 EAST BRIDGERS AVE  
City-St-Zip: AUBURNDALE, FL 33823

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MILTON E. JACOBS

TSD

04/19/2002

Electronic Signature of Signing Officer or Director

Date