

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000696**

1. Entity Name
SUPER COOL LEASING, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -4 PM 1:25

Principal Place of Business
**5645 COLONIAL OAKS BLVD.
SARASOTA FL 34232**

Mailing Address
**4411 BEE RIDGE RD. #307
SARASOTA FL 34233**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0733240

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JEANS, AMY L
5645 COLONIAL OAKS BLVD.
SARASOTA FL 34232**

Name **JEANS, TRUMAN E**
Street Address (P.O. Box Number is Not Acceptable)
5645 COLONIAL OAKS BLVD
City **SARASOTA** FL **34232**

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)

7-31-00

DATE

9. Capital Contributions as Shown on record. **\$2,800.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**THOMAS, GAYE
616 MELANIE PARK CT.
ASHLAND CITY TN 37015**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**JEANS, TRUMAN E
5645 COLONIAL OAKS BLVD.
SARASOTA FL 34232**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**JEANS, AMY L
5645 COLONIAL OAKS BLVD.
SARASOTA FL 34232**

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED Truman E. JEANS** 7-31-00 941-371-0009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/00)