

2002 UNIFORM BUSINESS REPORT (UBR)

0016519 AT

DOCUMENT # A97000000696

1. Entity Name

SUPER COOL LEASING, LTD.

FILED

2002 FEB 26 PM 5:25

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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

DUE BY MAY 1, 2002

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, TRUMAN E

5645 COLONIAL OAKS BLVD.

SARASOTA FL 34232

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.

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

STREET ADDRESS
CITY-ST-ZIP

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

STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
NAME JEANS, AMY L
STREET ADDRESS 5645 COLONIAL OAKS BLVD.
CITY-ST-ZIP 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 of Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/22/2002 907-336-1291
Date Daytime Phone #

CR2E003 (9/01)