

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000696

1. Entity Name
SUPER COOL LEASING, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 FEB 11 PM 1:28
Check # 1285
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2/13

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

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 65-0733240

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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 FL. 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 #	THOMAS, GAYE
NAME	616 MELANIE PARK CT.
STREET ADDRESS	ASHLAND CITY TN 37015
CITY-ST-ZIP	
DOCUMENT #	JEANS, TRUMAN E
NAME	5645 COLONIAL OAKS BLVD.
STREET ADDRESS	SARASOTA FL 34232
CITY-ST-ZIP	
DOCUMENT #	JEANS, AMY L
NAME	5645 COLONIAL OAKS BLVD.
STREET ADDRESS	SARASOTA FL 34232
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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CR2E003 (10/02)

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:

Gaye Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-1-2003

Date

615-595-2480

Daytime Phone #