

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F10398

1. Entity Name
KOOL PAK, INC.

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90109 024 ***150.00

Principal Place of Business 2700 N 29 AVE 303 HOLLYWOOD FL 33020 US	Mailing Address 2700 N 29 AVE 303 HOLLYWOOD FL 33020 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2038915	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

MOPSICK, MICHAEL D
2500 N MILITARY TRAIL #480
BOCA RATON FL 33431

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 _____ (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, 2001 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ZINGLER, MARC		NAME		
STREET ADDRESS	2700 N 29 AVE #303		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HATCH-ZINGLER, LAURIE		NAME		
STREET ADDRESS	2700 N 29 AVE #303		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33020		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

Marc B. Zingler

4/9/01 954-926-7744

Date

Daytime Phone #

CR2E034 (10/00)