

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2003 8:00 am**  
**Secretary of State**

09-18-2003 90030 029 \*\*\*750.00

DOCUMENT # **F96000001544**

1. Entity Name  
**FLORIDA COOLING SUPPLY, INC.**



Principal Place of Business  
**2040 RANGE ROAD  
CLEARWATER FL 33765**

Mailing Address  
**3200 WILCREST DRIVE  
#440  
HOUSTON TX 77042**

2. Principal Place of Business  
**1954 CARROLL ST.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**CLEARWATER, FL**

City & State

4. FEI Number **76-0495526**

Applied For  
Not Applicable

Zip  
**33765**

Country

Zip

Country

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

CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**KNOOP, MICHAEL F  
2040 RANGE ROAD  
CLEARWATER FL 33765**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **CLEARWATER** **FL** Zip Code **33765**

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 **/s/ MICHAEL F KNOOP**

DATE **9/10/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	DP	<input type="checkbox"/> Delete
NAME	TREVINO, ALEX JR	
STREET ADDRESS	3200 WILCREST DR #440	
CITY-ST-ZIP	HOUSTON TX 77042-6039	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MARESCA, ANTHONY R	
STREET ADDRESS	3200 WILCREST DR #440	
CITY-ST-ZIP	HOUSTON TX 77042-6039	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	TREVINO, A. STEPHEN	
STREET ADDRESS	3200 WILCREST DR 440	
CITY-ST-ZIP	HOUSTON TX 77042-6039	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, or other like empowered.

SIGNATURE: **ANTHONY R. MARESCA, VP**  
DATE: **9/10/03** DAYTIME PHONE #: **(713) 780-8532**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)