

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

0021930

DOCUMENT # F97000002958

1. Entity Name

BEAT THE HEAT, INC.

02-26-2001 90503 050 ****61.25

Principal Place of Business

1658 DELTON ST
 OVIEDO FL 32765
 US

Mailing Address

620 DOLPHIN RD
 WINTER SPRINGS FL 32708
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3447514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
 201 SO BISCAYNE BLVD.
 1600 MIAMI CENTER
 MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: **PAUL L PRATT III**
 Street Address (P.O. Box Number is Not Acceptable)
3950 South Hwy 17-92
 City: **CASSELBERRY** FL Zip Code: **32707**

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: **Paul L Pratt III**
 Signature, typed or printed name of registered agent and title if applicable.

Paul L Pratt III
 (NOTE: Registered Agent signature required when reinstating)

2-16-01
 DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PD** ☐ Delete
 NAME: **MAC SIBLEY, FRED**
 STREET ADDRESS: **2840 MT ZION RD**
 CITY-ST-ZIP: **MIDOLTHIAN TX 76065**

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **D** ☐ Delete
 NAME: **FULCHER, GORDON**
 STREET ADDRESS: **1872 WOODSIDE LANE**
 CITY-ST-ZIP: **SULPHUR SPRINGS TX 75482**

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **D** ☐ Delete
 NAME: **MESSER, MIKE**
 STREET ADDRESS: **620 DOLPHIN RD**
 CITY-ST-ZIP: **WINTER SPRINGS FL 32708**

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: **S** ☐ Delete
 NAME: **MCCOLLUM, JOHN**
 STREET ADDRESS: **10 STATES AVE**
 CITY-ST-ZIP: **MIDLOTHIAN TX 76065**

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

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 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael R. Messer** **2-16-01 (407)977-16377**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)