

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

03-03-2003 90001 008 \*\*\*\*50.00

DOCUMENT # L02000005307

1. Entity Name

REVOLUTIONARY COLD TECHNOLOGIES, LLC



Principal Place of Business

1505 DENNIS ST.  
JACKSONVILLE FL 32204

Mailing Address

1505 DENNIS ST.  
JACKSONVILLE FL 32204

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

55-0796685

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBBINS, PAUL  
1505 DENNIS ST.  
JACKSONVILLE FL 32204

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	Manager	<input type="checkbox"/> Delete
NAME	Paul V. Robbins	
STREET ADDRESS	1505 Dennis Street	
CITY-ST-ZIP	Jacksonville, Fla. 32204	
TITLE	Manager	<input type="checkbox"/> Delete
NAME	Prakash W. Shahani	
STREET ADDRESS	10 Old Mine Road	
CITY-ST-ZIP	Lebanon, NJ. 08833	
TITLE	Manager	<input type="checkbox"/> Delete
NAME	Gerald C. Vince II	
STREET ADDRESS	353 Parsonage Road	
CITY-ST-ZIP	Edison, NJ 08816	
TITLE	Manager	<input type="checkbox"/> Delete
NAME	Steve Kehrner	
STREET ADDRESS	346 Broken Arrow Drive	
CITY-ST-ZIP	El Paso, TX 79936	
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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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-25-03 353-2655

CR2E083 (10/02)