

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M39134**

1. Entity Name

SPOT COOLERS, INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90054 029 ***150.00

Principal Place of Business

4931 N. DIXIE HWY.
BOCA RATON FL 33431

Mailing Address

4931 N. DIXIE HWY.
BOCA RATON FL 33432-5018

2. Principal Place of Business

444 E. Palmetto Park Rd.

Suite, Apt. #, etc.

STE 200

City & State

Boca Raton, FL

Zip

33432-5018

Country

Palm Beach

3. Mailing Address

444 E. Palmetto Park Rd.

Suite, Apt. #, etc.

STE 200

City & State

Boca Raton, FL

Zip

33432-5018

Country

Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2720087

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SWANSON, KEN
1370 ROYAL PALM WAY
~~STE 400~~
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

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

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

(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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	SWANSON, GWEN	
STREET ADDRESS	1370 ROYAL PALM WAY	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	PT	<input type="checkbox"/> Delete
NAME	SWANSON, KEN	
STREET ADDRESS	1370 ROYAL PALM WAY	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	V	<input type="checkbox"/> Delete
NAME	TAGGE, GARTH	
STREET ADDRESS	1842 HOMESTEAD AVE	
CITY-ST-ZIP	ATLANTA GA	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	(ZIP) 30306
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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

KENNETH R. SWANSON

Date

Daytime Phone #