2000 UNIFORM BUSINESS REPORT (UBR)

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|--|--|--|---|---|--|--|
| DOCUMENT # M9900001128 1. Entity Name WAY COOL ACQUISITION, LLC | | | | FILED | | |
| | | | | 00 JAN 19 AM 11: 10 | | |
| Principal Place of Business Mailing Address 2765 WEST WAYZATA BLVD. P.O. 80X 375 | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| LONG LAKE MN 55356 LONG LAKE MN 55356-0375 | | | | 1 10 0 10 0 10 10 10 10 10 10 10 10 10 1 | 1881 (1881 (1881) (1881) (1881 (1881) (1881) | |
| Principal Place of Business | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | · | DO NOT WRITE IN THIS SPACE | | |
| City & State | | City & State | | 4. FEI Number 41-1943758 | Applied For | |
| Zip Country | | Zip | Country | 5. Certificate of Status Desired | \$5.00 Additional Fee Required | |
| | 6. Name and Address of Current Ro | egistered Agent | | 7. Name and Address of New Register | red Agent | |
| Nam | | | | | | |
| JOHNSON, ROBERT E 2559 FOURTH STREET | | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | |
| FORT MYERS FL 33901 | | | City | City FL Zip Code | | |
| R The show | a named entity submits this statement for t | he ournose of changing its r | egistered office or regist | ered agent, or both, in the State of Florida. | | |
| | 5 named only oddinio the statement of t | no parposo or changing no . | | 300 25 25 25 25 25 25 25 25 25 25 25 25 25 25 | | |
| SIGNATURE | Signature, typed or printed name of registered agent and | d title if applicable. (NOTE: | Registered Agent signature requi | red when reinstating) DA | | |
| | | · | W!!! FEE IS \$50.00 able to Department | . | | |
| 9. | MANAGING MEMBER | RS/MEMBERS | 10. | ADDITIONS/CHAN | GES | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | MGRM WHITE, STEVEN C 2765 WEST WAYZATA BLVD. LONG LAKE MN 55356 | ☐ Delete | TITLE MAME STREET ADDRESS CITY-ST-ZIP | · · | Change | |
| TITLE | LONG LARE MIN 33330 | ☐ Delete | TITLE NAME | | Change | |
| NAME STREET ADDRESS CITY-ST-ZIP | الداعية الماسية المعالمة المعا | فالمستعدد والمستعدد والمستعد والمستعدد والمستع | STREET ADDRESS -CITY-ST-ZIP | | -01029001 | |
| TITLE NAME | | - Ocieto | TITLE ' | *******50 . 00 | A CHANGE | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS City-St-Zip | . ^ | • | |
| TITLE NAME | | ☐ Delete | TITLE NAME | 1// | ☐ Change ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY- ST- ZIP | | | |
| TITLE NAME | | ☐ Delete | TITLE NAME | <u></u> | Change Addition | |
| STREET ADDRESS City-St-Zip | | | STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE - | | ☐ Deliste | TITLE MARKE | · | Change Addition | |
| STREET ANDRESS CITY-ST-ZIP | | | STREET ADDRESS City- St- Zip | · · | • | |
| indicated | certify that the information supplied with the don this report is true and accurate and the ability company or the receiver or trustee of | nat my signature shall have th | ne same legal effect as i | Section 119.07(3)(i), Florida Statutes. I further f made under oath; that I am a managing me apter 608, Florida Statutes. | r certify that the information ember or manager of the | |