

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000023817**1. Entity Name
COOL BIRD INC.**Principal Place of Business**

155 KRISTEN COURT #613

PALM HARBOR
34684

FL

Mailing Address

155 KRISTEN COURT #613

PALM HARBOR
34684

FL

2. Principal Place of Business

933 EL DORADO AVE.

3. Mailing Address

933 EL DORADO AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

CLEARWATER BEACH

FL

City & State

CLEARWATER BEACH

FL

Zip
33767

Country

Zip
33767

Country

4. FEI Number**59-3627011**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**MICHALSKI JAMES L
155 KRISTEN COURT #613PALM HARBOR
34684

FL

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

MICHALSKI JAMES L

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

2283 PRIMROSE LN.

#2115

City

CLEARWATER

FL

Zip Code
33763

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 _____ **04/23/2001**

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, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

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
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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	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BLAYDON SHARON L		
STREET ADDRESS	2283 PRIMROSE LN #2115		
CITY-ST-ZIP	CLEARWATER FL 33763		
TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MICHALSKI JAMES L		
STREET ADDRESS	2283 PRIMROSE LN #2115		
CITY-ST-ZIP	CLEARWATER FL 33763		
TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BLAYDON SHARON L		
STREET ADDRESS	2283 PRIMROSE LN #2115		
CITY-ST-ZIP	CLEARWATER FL 33763		
TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MICHALSKI JAMES L		
STREET ADDRESS	2283 PRIMROSE LN #2115		
CITY-ST-ZIP	CLEARWATER FL 33763		
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: James L. Michalski

p

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)