FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90091 011 ***150.00

653890

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000088207

1. Entity Name: Cooling Solutions, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
61 Pine Hill TR. W.	P.O. Box 3706
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tequesta FLA	City & State: Tequesta FLA.
Zip: 33469 Country: USA	Zip: 33469 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 651044067 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Chad B. Sterling

Street Address (P.O. Box Number is Not Acceptable): 61 Pine Hill TR. West

City: tequesta FL Zip Code: 33469

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]

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See attached checklist) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	(President)
NAME	Chad B Sterling
STREET ADDRESS	61 Pine Hill TR. West
CITY-ST-ZIP	tequesta Fl. 33469
TITLE	(T & S)
NAME	SANDRA L. STERLING
STREET ADDRESS	61 Pine Hill TR. West
CITY-ST-ZIP	tequesta Fl. 33469
TITLE	(Vice President)
NAME	Richard B. Sterling
STREET ADDRESS	61 Pine Hill TR. West
CITY-ST-ZIP	tequesta Fl. 33469
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034R (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE