

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2002 8:00 am
Secretary of State

08-29-2002 90007 001 *****8.75
08-29-2002 90007 002 ***150.00

DOCUMENT # P00000102668

1. Entity Name
COOL CHANGE CHARTERS, INC.

Principal Place of Business
**3270 SUNTREE BLVD SUITE 110
MELBOURNE FL 32940**

Mailing Address
**3270 SUNTREE BLVD SUITE 110
MELBOURNE FL 32940**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3679610

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALRON ENTERPRISES, INC.
390 NARRAGANSETT STREET NE
PALM BAY FL 32907**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **ALLGEO, WILLIAM D**
CITY-ST-ZIP **199 HWY A1A APT B-105
SATELLITE BEACH FL 32937**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **ALLGEO, RENEE**
CITY-ST-ZIP **199 HWY A1A APT B-105
SATELLITE BEACH FL 32937**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

William D Allgeo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-26-02

Date

321-255-9830

Daytime Phone #

CR2E034 (4/02)

Attachment
#P00000102668 8-26-02
98028

Although the name + address of
my corporation are correct on this
notice, I did not receive the
original notice or I would have
filed it at that time.

Thank-You

William D. Allgeo

Day Phone: 321-255-9830