

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000111922**

1. Entity Name

COOL SHADES, INC.**FILED**
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90231 007 ***150.00

Principal Place of Business

Mailing Address

**6301 C PELICAN CROSSING
ST PETERSBURG FL 33707****6301 C PELICAN CROSSING
ST PETERSBURG FL 33707**

2. Principal Place of Business

3. Mailing Address

6301 C PELICAN CREEK CROSSING**6301 C PELICAN CREEK CROSSING**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3686686

Applied For

Not Applicable

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****BACON, DAVID A ESQ
2959 1ST AVE N
ST PETERSBURG FL 33713**

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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	DP	WALLACE, WILLIAM	6301 C PELICAN CROSSING ST PETERSBURG FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		6301 C PELICAN CREEK CROSSING	
<input type="checkbox"/> Delete	DV	CASTLEMAN, GEMMA	711 BOCA CIEGA ISLE ST PETE BEACH FL 33706	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete	D	WALLACE, KATHLEEN	6301 C PELICAN CROSSING ST PETERSBURG FL 33707	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		6301 C PELICAN CREEK CROSSING	
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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: Wally Wallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

727-347-0133

Daytime Phone #

CR2E034 (10/00)