

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90369 021 \*\*\*150.00

**DOCUMENT # P01000069028**

1. Entity Name  
**COOL INK, INC.**

Principal Place of Business Mailing Address  
**4134 GULF OF MEXICO DRIVE SUITE 302 4134 GULF OF MEXICO DRIVE SUITE 302**  
**LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228**

2. Principal Place of Business 3. Mailing Address  
**743 Hwy. 98 East 743 Hwy. 98 East**

Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 1 Suite 1**

City & State City & State  
**Destin, FL Destin, FL**

Zip Country Zip Country  
**32541 USA 32541 USA**

4. FEI Number Applied For  
**65-1121894 Not Applicable**

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

## 6. Name and Address of Current Registered Agent

**DIXON, ALAN**  
**4134 GULF OF MEXICO DRIVE SUITE 302**  
**LONGBOAT KEY FL 34228**

## 7. Name and Address of New Registered Agent

Name  
**Dixon, Alan**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4238 Bobcat Cove**  
 City  
**Niceville, FL** Zip Code  
**32578**

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 *Alan Dixon* **Alan Dixon, President** **2/20/02**  
 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, 2002 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 ☐ Delete  
**PD DIXON, ALAN**  
 NAME  
 STREET ADDRESS  
**4134 GULF OF MEXICO DRIVE SUITE 302**  
 CITY-ST-ZIP  
**LONGBOAT KEY FL 34228**

TITLE ☐ Delete  
**VD DORKA, LESLEY**  
 NAME  
 STREET ADDRESS  
**4134 GULF OF MEXICO DRIVE SUITE 302**  
 CITY-ST-ZIP  
**LONGBOAT KEY FL 34228**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
**PD Dixon, Alan**  
 NAME  
 STREET ADDRESS  
**743 Hwy. 98 East, Suite 1**  
 CITY-ST-ZIP  
**Destin, FL 32541**

TITLE ☒ Change ☐ Addition  
**VD Dorka, Lesley**  
 NAME  
 STREET ADDRESS  
**743 Hwy. 98 East, Suite 1**  
 CITY-ST-ZIP  
**Destin, FL 32541**

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

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

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

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: *Alan Dixon* REQUIRED Alan Dixon**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/02 850-650-6334**  
 Date Daytime Phone #

CR2E034 (9/01)