

UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

03 JUL 25 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # P02000076452

1. Entity Name
KOOL BEANZ & CO. INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10207 PALLADIO ~~DRIVE~~ DRIVE

3. Mailing Address
Suite, Apt. #, etc.

City & State
NEW PORT RICHEY, FL

City & State

Zip 34655 **Country**

Zip **Country**

4. FEI Number
PENDING

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
M. ORT

Street Address (P.O. Box Number is Not Acceptable)
11155 MANDALAY WAY

City BOYNTON BEACH **FL** **Zip Code** 33437

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** _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES, SEC., TREAS. KATHY HANOUSEK 10207 PALLILDO DRIVE NEW PORT RICHEY FL. 334655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	500021761265 07/24/03--01024--004 \$550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **7/6/2003** **(727) 375-5599**
Date Daytime Phone #
K.A. HANOUSEK