

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

07-21-2003 90136 035 \*\*\*150.00

**DOCUMENT # P02000082478**

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



Principal Place of Business  
15313 CITRUS GROVE BLVD.  
LOXAHATCHEE, FL 33479

Mailing Address  
15313 CITRUS GROVE BLVD.  
LOXAHATCHEE, FL 33479

00000031

2. Principal Place of Business

**COOL EXPRESS INC**  
Suite, Apt. #, etc.  
**15313 Citrus Grove**

3. Mailing Address

Suite, Apt. #, etc.  
**15313 Citrus Grove**

☐ CHECK HERE IF MAKING CHANGES

City & State

**Loxahatchee**

City & State

**Lox**

4. FEI Number

**421541001**

Applied For

Not Applicable

Zip

**33470**

Country

**W. Palm Beach**

Zip

**33470**

Country

**W. Palm B**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, IDALIA  
15313 CITRUS GROVE BLVD.  
LOXAHATCHEE, FL 33479

7. Name and Address of New Registered Agent

Name **Idalia Gonzalez**

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

**15313 Citrus Grove**

City

**Loxahatchee**

FL

Zip Code

**33470**

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 withdrawing)

DATE

FILE NOW!! FEES \$100.00  
Any May 1, 2003 Fee will be \$550.00  
Amended UBR is \$80.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **President** ☐ Delete  
NAME **GONZALEZ, IDALIA**  
STREET ADDRESS **15313 CITRUS GROVE BLVD.**  
CITY-ST-ZIP **LOXAHATCHEE, FL 33479**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Idalia Gonzalez**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

**6-5-03**

CR2EC34 (10/02)



55055031

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

July 23, 2003

COOL EXPRESS, INC.  
15313 CITRUS GROVE BLVD  
LOXAHATCHEE, FL 33470

Subject: COOL EXPRESS, INC.

Reference Number: P02000082478

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Florida law does not allow an entity to serve as its own registered agent. Designate a registered agent, other than the entity, with a street address in Florida. The agent must sign if this is a change from the registered agent previously filed with this office.

Provide the title(s) of each officer/director listed on the report or on an attachment.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

My phone

561-2954011

/AB

ANNUAL REPORTS SECTION

I call on 8-21- to  
→ you off they told me  
to do it how it is

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

SO I Don't  
No Enmity.