2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/24

FILED
Apr 07, 2003 8:00 am
Secretary of State

03-24-2003 90221 015 ***150.00

DOCUMENT # P02000103334

1. Entity Name
ICE COLD AUTO SALES, INC.

Principal Place of Business
1526 E. COLONIAL DR.
ORLANDO FL 32803

Mailing Address
1526 E. COLONIAL DR.
ORLANDO FL 32803

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-3971007 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
CHUTE, JAMES
1526 E. COLONIAL DR.
ORLANDO FL 32803

7. Name and Address of New Registered Agent
Name Robert Simmons
Street Address (P.O. Box Number is Not Acceptable) 751 N Mills Ave
407 898-9910
City Orlando FL Zip Code 32803

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 Robert W Simmons 3/15/03 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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	DP ☒ Delete
NAME	CHUTE, JAMES
STREET ADDRESS	1526 E. COLONIAL DR.
CITY-ST-ZIP	ORLANDO FL 32803
TITLE	DST ☒ Delete
NAME	DAWSON, KRYSTN
STREET ADDRESS	1526 E. COLONIAL DR.
CITY-ST-ZIP	ORLANDO FL 32803
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	President-Owner ☒ Change ☐ Addition
NAME	Robert W Simmons
STREET ADDRESS	751 N Mills Ave
CITY-ST-ZIP	Orlando Fl 32803
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
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TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034 (10/02)

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: Robert W. Simmons 3/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone 407-415-7002