

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

**FILED**  
**Feb 10, 2003 8:00 am**  
**Secretary of State**

02-10-2003 90436 032 \*\*\*150.00

DOCUMENT # P02000123581

1. Entity Name

Kool Power, Inc. ✓



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

161 Grand Lagoon Shores Dr.  
Suite, Apt. #, etc.

3. Mailing Address

161 Grand Lagoon Shores Dr.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Panama City Beach, FL

City & State

Panama City Beach, Florida

4. FEI Number

35-2190908

Applied For

Not Applicable

Zip

32408

Country

USA

Zip

32408

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Alan Kitchens

161 Grand Lagoon Shores Drive

Panama City Beach, FL Zip Code 32408

**DO NOT WRITE  
IN THIS SPACE**

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  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Alan Kitchens  
President-Secretary  
161 Grand Lagoon Shores Drive  
Panama City Beach, Florida 32408

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Treasury  
Sherril Kitchens  
161 Grand Lagoon Shores Drive  
Panama City Beach, Florida 32408

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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: Sherril Kitchens

Date

Daytime Phone #

850 233-3305

CR2E034B (12/02)