

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2001 8:00 am**  
**Secretary of State**

03-26-2001 90159 031 \*\*\*150.00

**DOCUMENT # P96000045725**

1. Entity Name

**GLOBAL WARMING & COOLING, INC.**

Principal Place of Business

**4148 LOUIS AVE.  
HOLIDAY FL 34691  
US**

Mailing Address

**4148 LOUIS AVE.  
HOLIDAY FL 34691  
US**

2. Principal Place of Business

**705 Live Oak St., Unit N**

Suite, Apt. #, etc.

3. Mailing Address

**705 Live Oak St., Unit N**

Suite, Apt. #, etc.

City & State

**Tarpon Springs, FL**

City & State

**Tarpon Springs, FL**

4. FEI Number

**59-3385353**

Applied For

Not Applicable

Zip

**34689**

Country

**Pinellas**

Zip

**34689**

Country

**Pinellas**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BROIDA, JOEL D ESQ  
605 - 75TH AVENUE  
ST. PETE BEACH FL 33706**

7. Name and Address of New Registered Agent

Name **Randall J Love P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**8138 Massachusetts Avenue**  
City **New Port Richey** **FL** Zip Code **34653**

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 **Randall J Love, Attorney**

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, 2001 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 **DP** ☐ Delete  
NAME **EMMERSON, ROBERT**  
STREET ADDRESS **5748 ELENA DRIVE**  
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **VPD** ☐ Delete  
NAME **FRIZZELL, SUSAN**  
STREET ADDRESS **4725 INNISFIL ST**  
CITY-ST-ZIP **PALM HARBOR FL 34683**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Delete  
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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  
NAME  
STREET ADDRESS **39650 US 19 N. #114**  
CITY-ST-ZIP **Tarpon Springs, FL 34689**

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

TITLE ☐ Change ☐ Addition  
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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: **Robert Emmerson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/01**

Date

**727-934-2222**

Daytime Phone #

CR2E034 (10/00)

0429555