2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073640

1. Entity Name
Kool Beanz, Inc.

Principal Place of Business	Mailing Address
7 Rosa L. Jones Drive Cocoa, FL 32922	720 Jacaranda Street Merritt Island, FL 32952

FILED
01 JUL 26 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		3. Mailing Address	
7 Rosa L. Jones Drive		720 Jacaranda Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Cocoa, FL		City & State: Merritt Island, FL	
Zip: 32922	Country: USA	Zip: 32952	Country: USA

2000-04 UBR — DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3400617 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Jennifer E. Goldacker 720 Jacaranda Street Merritt Island, FL 32952	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Jennifer E. Goldacker 7/20/01
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Treasurer Jennifer E. Goldacker 720 Jacaranda Street Merritt Island, FL 32952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Secretary John J. Goldacker, Jr. 720 Jacaranda Street Merritt Island, FL 32952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400004534334--6 -08/14/01--01070--012 ****300.00 ****300.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: Jennifer E. Goldacker 7/20/01 321-984-3671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #