

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90029 026 ***150.00

DOCUMENT #	P96000073679
1. Entity Name	
A COOL BREEZE OF CENTRAL FLORIDA, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2543 E. IRLO BRONSON MEMORIAL HIGH		2543 E. IRLO BRONSON MEMORIAL HIGH	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
KISSIMMEE, FL		KISSIMMEE, FL	
Zip	Country	Zip	Country
34744		34744	

40095451

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For	
59-3398901		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

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IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	
STEPHEN E. CRAIN JR	
Street Address (P.O. Box Number is Not Acceptable)	
15327 OLD CHISHOLM TRAIL	
City	Zip Code
EUSTIS	FL 32726

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: Stephen E. Crain Jr. STEPHEN E. CRAIN JR DATE: 4-30-7

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	PRESIDENT
NAME	STEPHEN E. CRAIN JR
STREET ADDRESS	15327 OLD CHISHOLM TRAIL
CITY-ST-ZIP	EUSTIS, FL 32726
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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11.

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NAME	
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CITY-ST-ZIP	

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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: Stephen E. Crain Jr. STEPHEN E. CRAIN JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #