2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

2543 E IRLO BRONSON HWY

SIGNATURE: X

P96000073679

Mailing Address

KISSIMMEE FL 34744

2543 E IRLO BRONSON HWY

1. Entity Name

A COOL BREEZE OF CENTRAL FLORIDA, INC.



FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90086 018 ***150.00

and the later



KISSIMMEE FL 34744			KISSIMMEE FL 34744								
2. Principal Pla	ace of Busines	SS	3. Maili	ng Address				1881/201 (19 18118 Stitt Still 2011) Settl Se	ilit 18884 ittis etic) 12819 IGH FOOL	
Suite, Apt. #	ŧ, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State)	•	City	City & State				59-3398901		Applied For Not Applicable	
Zip Country			Zip	*	Count	Country		Pertificate of Status Desired	\$8.75 A	dditional red	
		nd Address of Curre	nt Registere	d Agent	<u> </u>		7. N	ame and Address of New Register	ed Agent		
	o. Raille a	III Address of Carro	in ite giotain			Name		······································			
CRAIN, DEBORAH						Street Address (P.O. Box Number is Not Acceptable)					
•	LO BRONSO	N HWY									
	E FL 34744										
						City		_	FL Zip Co		
8. The above the obligation	named entity ions of registe	submits this statemen red agent.	t for the purp	ose of changing its	registere	ed office or regis	tered age	ent, or both, in the State of Florida. I	am familiar wit	th, and accept	
SIGNATURE _	Signature, typed o	printed name of registered ag	gent and title if app	olicable. (NOT	E: Registere	d Agent signature requ	ired when re	instating) DA	ATE .		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							. w November	. • 9. Election Campaign Financing Trust Fund Contribution.		.00 May Be ded to Fees	
	rayable to	OFFICERS A		DRS	11.	<u>. </u>	AD	DITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 11	
10.	VP	OFFICERS A	ND DIRECTE	☐ Delete	TITL	E			☐ Chang		
NAME STREET ADDRESS	CRAIN, DE 123 HAND	STREET				EET ADDRESS					
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12. I hereby indicated of the co-	certify that the don this repo progration or the d, or on an att	e information supplied rt or supplemental rep he receiver or trustee achment with an add	I with this filin ort is true and empowered these, with all o	g does not qualify I d accurate find that d execute his repo ther like dripowere	for the ext t my sign rt/as requ	emption stated i ature shall have uired by Chapter	n Section the same 607, Flor	n 119.07(3)(i), Florida Statutes. I furth e legal effect as if made under oath; t rida Statutes; and that my name app	er certify that t hat I am an off ears in Block 1	ne information icer or director IO or Block 11 if	