

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90041 002 \*\*\*150.00

**DOCUMENT # P97000023449**

1. Entity Name  
**COOLING PRODUCTS, INC.**

Principal Place of Business <b>24-B E. INDUSTRIAL LOOP          165          ORANGE PARK FL 32073</b>	Mailing Address <b>24-B E. INDUSTRIAL LOOP          165          ORANGE PARK FL 32073</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3434627**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

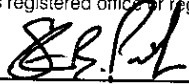
7. Name and Address of New Registered Agent

**PAT M. FOWLER, P.A.  
 155-5 BLANDING BOULEVARD  
 ORANGE PARK FL 32073**

Name  
**Steve B. Parish**  
 Street Address (P.O. Box Number is Not Acceptable)  
**639 Ridgestone Court**  
 City  
**Orange Park**      **FL**      Zip Code  
**32065**

8. The above named entity submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida.

SIGNATURE **Steve B. Parish, VP**



**4/22/02**

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, 2002 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	<input type="checkbox"/> Delete
PVST OFF	PARISH, ROBERT D	16 MARINA POINTE PL	PALM COAST FL 32137	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
P/T	Parish, Robert D.	639 Ridgestone Court	Orange Park, FL 32065	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Parish, Dorothy	639 Ridgestone Court	Orange Park, FL 32065	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Parish, Steve B	639 Ridgestone Court	Orange Park, FL 32065	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 A. Parish**      **Robert Parish, P.A.**      **4/22/02**      **817-595-2817**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)