2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

24-B E. INDUSTRIAL LOOP

ORANGE PARK FL 32073

P97000023449 DOCUMENT

Country

6. Name and Address of Current Registered Agent

1. Entity Name

COOLING PRODUCTS, INC.

Principal Place of Business

24-B E. INDUSTRIAL LOOP

ORANGE PARK FL 32073

Suite, Apt. #, etc.

PARISH, STEVE B

639 RIDGESTONE CT ORANGE PARK FL 32065

the obligations of registered agent.

City & State

Zip

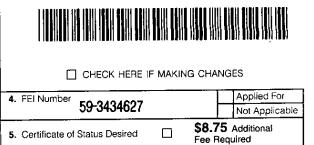
2. Principal Place of Business



FILED Mar 20, 2003 8:00 am §
Secretary of State

03-20-2003 90135 005 ***150.00

20027336



DATE

Zip Code City 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

(NOTE: Registered Agent signature required when reinstating)

Country

	FILE NOW!!! FEE IS \$150.00
	After May 1, 2003 Fee will be \$550.00
Maka	Chock Payable to Florida Department of Stat

9. Election Campaign Financing Trust Fund Contribution.

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. ☐ Addition CO/U1/ 1/2016 Change TITLE ☐ Delete TITLE PARISH, ROBERT D NAME NAME STREET ADDRESS 639 RIDGESTONE CT STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32065** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME PARISH, DOROTHY STREET ADDRESS 639 RIDGESTONE CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL 32065 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME PARISH, STEVE B STREET ADDRESS STREET ADDRESS 639 RIDGESTONE CT CITY-ST-ZIP-ORANGE PARK-FL 32065~ - --CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 Block 11 if with all other like empowered changed, or on an attachment with

SIGNATURE:

CITY-ST-ZIP

URE RESTOUE PARISH