

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044080

1. Entity Name

COOL TREAT COMPANY, INC.

Principal Place of Business

690 ISLAND WAY
SUITE 1005
CLEARWATER FL 33767

Mailing Address

690 ISLAND WAY
SUITE 1005
CLEARWATER FL 33767

2. Principal Place of Business

2897 La Concha Dr.
Suite, Apt. #, etc.
Clearwater, FL

3. Mailing Address

2897 La Concha Dr.
Suite, Apt. #, etc.
Clearwater, FL

City & State

City & State

4. FEI Number

59-3445571

Applied For

Not Applicable

Zip 33762

Country Pinellas

Zip 33762

Country Pinellas

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ENGLAND, EARLENE
690 ISLAND WAY
SUITE 1005
CLEARWATER FL 34630

7. Name and Address of New Registered Agent

Name

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

2897 La Concha Dr.
Clearwater, FL

City

FL

Zip Code 33762

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 *Earlene S. England*

Signature, typed or printed name of registered agent and title if applicable.

DATE 3/5/02

(NOTE: Registered Agent signature required when reinstating)

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 State10. 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 D
NAME ENGLAND, WALTER D.
STREET ADDRESS 690 ISLAND WAY #1005
CITY-ST-ZIP CLEARWATER FL 33767 DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition2897 La Concha Dr.
Clearwater, FL 33762TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Change Addition

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: *Earlene S. England (Earlene S. England)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02 (727) 592-0064
Date Daytime Phone #

CR2E094 (9/01)