

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90064 034 ***150.00

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

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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 type if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/5/02

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

TITLE **D** ☐ Delete
 NAME **ENGLAND, WALTER D.**
 STREET ADDRESS **690 ISLAND WAY #1005**
 CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2897 La Concha Dr.**
 CITY-ST-ZIP **Clearwater, FL 33762**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 #

CR2E034 (9/01)