FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 22, 2001 8:00 am DOCUMENT # **P97000044623 Secretary of State** 1. Entity Name COOL SOLUTIONS AIR CONDITIONING INC. 02-22-2001 90122 003 ***158.75 Principal Place of Business Mailing Address 12275 59TH ST. N. 12275 59TH ST. N. ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0756066 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TAYLOR, KELLY Street Address (P.O. Box Number is Not Acceptable) 81 NW 45TH STREET FT. LAUDERDALE FL 33309 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Addition ;R2E034 (10/00 TITLE Delete TITLE tavur. Keu TAYLOR, KELLY NAME NAME STREET ADDRESS 81 NW 45TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33309 ☐ Delete TITLE TITLE HALPERIN, ADAM NAME NAME STREET ADDRESS STREET ADDRESS 81 NW 45TH STREET CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 TITLE Delete TITLE ☐ Addition NAME BADGER, DAVID A NAME STREET ADDRESS STREET ADDRESS 719 NW 41ST STREET CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE 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-ZIP 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.

SIGNING OFFICER