

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045360

1. Entity Name

COOL STUFF, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90164 009 ***158.75

Principal Place of Business

Mailing Address

501 W. MCLENDON
PLANT CITY FL 33566

501 W. MCLENDON
PLANT CITY FL 33566-3133

801292



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

501 W. McLeNdon St

501 W. McLeNdon St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Plant City, FL

Plant City, FL

Zip

Country

Zip

Country

33566 USA

33566 USA

4. FEI Number

65-0845641

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

COKER, CATHERINE L
501 W. MCLENDON
PLANT CITY FL 33566

Name

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

City

FL

Zip Code

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

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, 2000 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	PST	<input type="checkbox"/> Delete
NAME	COKER, CATHERINE L	
STREET ADDRESS	501 W. MCLENDON ST	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COKER, DUTCH G	
STREET ADDRESS	501 W. MCLENDON ST	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Catherine Coker, President

Date

Daytime Phone #

1/10/00 (813) 707-1550

CP2E034 (9/99)