2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000094421 DOCUMENT # 1. Entity Name THE COOL TEAM INC.

SIGNATURE:



Principal Place of Business 750 B ROAD LOXAHATCHEE FL 33470-4270		Mailing Address 750 B ROAD LOXAHATCHEE FL 33470-4270				. 25811846 118 1846 14511 88111 84114 8414				
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2. Principal Place of Business		3. Mailing Address				U UUUTIUUI LUU 1919L LUULI UUTIU OOJUU UUTI		II D1611 Q1010 1	10 9 1 1101 1 6 9 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.]		KING-	CHANGES		
City & State		City & State			4.	4. FEI Number 65-0873835 Applied Fo			<u> </u>	7
Zip	Country	Zip	itry	ry 5. Certificate of St					1	
	6. Name and Address of Current	lRegistered Agent	<u> </u>	T	7.	Name and Address of New Regist				1
				Name						1
	ok, Jonathan Th Road North	Street Addr			is (P.O. Box Number is Not Acceptable)					
WEST PAL	M BEACH FL 33412									
				City		······	FL	Zip Cod	e	1
	named entity submits this statement for ions of registered agent.	the purpose of changing its	s register	ed office or registe	ered ag	gent, or both, in the State of Florida.	l am fa	miliar with,	and accept	1
	· ·									
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title il applicable. (NOT	TE: Registere	d Agent signature require	d when n	einstating)				
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financin Trust Fund Contribution.	9 □		0 May Be to Fees	
10.	OFFICERS AND I		11.	_	A	L DDITIONS/CHANGES TO OFFICERS		DIRECTOR	5 IN 11	-
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	P WESTBROOK, JONATHAN 13676 85 RD N. ROYAL PALM BCH FL 33412	Delete						Change	Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete						Change	Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		1				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete				· • • · · • • • • • • • • • • • • • •		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C Delete					(Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with		CITY	E ET ADDRESS - ST- ZIP				Change	Addition	

Thereby 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 changed, or on an attachment with an address, with all other like empowered.

81-28-03

Daytime Phone #

Date

C

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TECURED



FILED

Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90130 030 ***150.00