

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097511

1. Entity Name

NAUTH-COOL, INC.

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90033 037 \*\*\*150.00

Principal Place of Business

Mailing Address

3210 ROOSEVELT BOULEVARD  
JACKSONVILLE FL 32205

3210 ROOSEVELT BOULEVARD  
JACKSONVILLE FL 32205-7484

2. Principal Place of Business

4751 San Juan Ave

3. Mailing Address

4751 San Juan Ave

Suite, Apt. #, etc.

Suite 22

Suite, Apt. #, etc.

Suite 22

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32210

Country

USA

Zip

32210

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3544246

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

SMITHWICK, RONALD EUGENE  
3210 ROOSEVELT BOULEVARD  
JACKSONVILLE FL 32205

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 PD  
NAME SMITHWICK, RONALD EUGENE  
STREET ADDRESS 12646 STALLION COURT  
CITY-ST-ZIP JACKSONVILLE FL 32223

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE Vice President  
NAME Joe A. Waters  
STREET ADDRESS 3322 Lakeshore Blvd  
CITY-ST-ZIP Jacksonville FL 32210

☐ Change ☒ Addition

TITLE Sect. Tres  
NAME J. Mark Waters  
STREET ADDRESS 3758 Gleneave Ave  
CITY-ST-ZIP Jacksonville FL 32205

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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:

*Joe A. Waters*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-2000

Date

904 387-0622

Daytime Phone #