FILED Mar 05, 2003 8:00 am § **Secretary of State**

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBI

DOCUMENT #

P99000002988



03-05-2003 90081 029 ***150.00 1. Entity Name T. CÓOL, INC. Principal Place of Business Mailing Address 70024371 **8064 STIRRUP CAY COURT 8064 STIRRUP CAY COURT BOYNTON BEACH FL 33436 BOYNTON BEACH FL 33436** 2. Principal Place of Business 3. Mailing Address 8068 STIRRUP CAY CT SAME Suite, Apt. #, etc. Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State & State 65-0907610 ROYNTON BEACH Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C-00-L--1R04 COOL, TROY Street Address (P.O. Box Number is Not Acceptable) 8064 STIRRUP CAY COURT BOYNTON BEACH FL 33436 BOYNTON BCH 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) ted name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Delete 8068 STIRAY (89 C7 COOL, TROY NAME NAME 8064 STIRRUP CAY COURT STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-ST-ZIP CITY-ST-ZIP 8068 STIARYP CAY CT ☐ Addition ☐ Delete TITLE TITLE COOL, JOCELYN NAME NAME STREET ADDRESS 8064 STIRRUP CAY COURT STREET ADDRESS **BOYNTON BEACH FL 33436** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TIT1 F Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if

SIGNATURE:

3/03 561 733-9464 Davime Phone #