## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 24, 2000 8:00 am Secretary of State DOCUMENT # P99000037359 1. Entity Name CALVIN'S COOLING, CORP. 04-24-2000 90064 014 \*\*\*150.00 Mailing Address Principal Place of Business 6250 DOUBLE J ACRES ROAD 6250 DOUBLE J ACRES ROAD ALVA FL 33920-9540 ALVA FL 33920 ひょうひして 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 65-0914163 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FILLINGAME, CALVIN T Street Address (P.O. Box Number is Not Acceptable) 6250 DOUBLE J ACRES ROAD ALVA FL 33920 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 DATE Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition ☐ Delete TITLE President TITLE NAME COLVIN T. FILLINGDINE 6250 Double JAdres ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP ALVA, FL 33920 ☐ Change Addition ☐ Delete TITLE Vice President TITLE Charles Jerry Fillingame NAME STREET ADDRESS STREET ADDRESS 1236 ChickASAW ST CITY-ST-ZiP 33917 CITY-ST-ZIP NORTH FORT MYERS, FL Change Addition TITLE ☐ Delete Sec/Trens ANGELO 3. FILLINGAME NAME STREET ADDRESS 6250 Double J Acres ROAD STREET ADDRESS CITY-ST-ZIP Alva FL 33920 CITY-ST-ZIF Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP