

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041533

1. *Entity Name

COOL SENSATION POOL & SPAS, INC.

Principal Place of Business

1041 INGLESIDE AVE.
JACKSONVILLE FL 32205

Mailing Address

PO BOX 16952
JACKSONVILLE FL 32245-6952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3574807

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

PARRISH, MICHAEL A
~~1041 INGLESIDE AVE~~
JACKSONVILLE FL 32205

Name

Cool Sensation Pool

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

2444 HALPERNS WAY

City

MIDDLEBURG

FL

Zip Code

32068

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

Michael A Parrish

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/10/01

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
PARRISH, MICHAEL
1041 INGLESIDE AVE.
JACKSONVILLE FL 32205 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
SCHMIDT, EDWARD R
4275 LAZYACRE ROAD
MIDDLEBURG FL 32068 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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:

Michael A Parrish

Michael A Parrish

Date

5/11/01

Daytime Phone #

904-282-1339

CR2E034 (10/00)

020332

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90156 040 ***150.00

765661



DO NOT WRITE IN THIS SPACE