

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045278

1. Entity Name Complete Cooling Services, Inc.

FILED

03 NOV 14 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1131-7th AV P.O. Box 6186
c/oKindel & Lenzi Vero Beach FL
Services 32960
Vero Beach FL 32960

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

65-0926441

Not Applicable

Zip

Country Indian Rvr.

Zip

Country Indian Rvr.

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

Terry Ledward
P.O. Box 6186
Vero Beach FL 32960

Name Terry Ledward

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

64-75 5th Pl.

City Vero Beach

FL

Zip Code

32960

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.

09/29/03--01099--001 **150.00

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, 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 PD
NAME Ledward, Terry
STREET ADDRESS PO Box 6186
CITY-ST-ZIP Vero Beach FL 32961

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600023405236
09/29/03--01099--001 **150.00

TITLE STD
NAME Kindel, Joyce
STREET ADDRESS 905 5th Place
CITY-ST-ZIP Vero Beach FL 32962

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600023405236
11/14/03--01011--033 **150.00

TITLE
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry Ledward, Pres.

28-03

Date

(772)569-1282

Daytime Phone #

CR2E034 (11/00)

REINSTATEMENT 02-03