

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051840

1. Entity Name

COOL & QUIET AUTO CENTER, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90294 004 \*\*\*158.75

Principal Place of Business

Mailing Address

215 STATE RD. 16  
ST. AUGUSTINE FL 32084

215 STATE RD. 16  
ST. AUGUSTINE FL 32095-2099

2. Principal Place of Business

3. Mailing Address

215 State Rd 16

215 State Rd 16

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Augustine FL

City & State

St. Augustine FL

Zip

Country

32095

Zip

32095

Country

4. FEI Number

59-3580682

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

REILING, JAMES E JR.  
4365 JOYCE STREET  
HASTING FL 32145

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

*James E. Reiling*

*Tanya Reiling*

4/26/00

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 P ☐ Delete  
NAME REILING, JAMES E JR.  
STREET ADDRESS 215 STATE RD. 16  
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE ~~James E. Reiling~~ ☐ Change ☒ Addition  
NAME Tanya Reiling  
STREET ADDRESS 215 State Rd 16  
CITY-ST-ZIP St. Augustine FL 32095

TITLE P ☐ Delete  
NAME Tanya Reiling  
STREET ADDRESS 215 State Rd 16  
CITY-ST-ZIP St. Augustine FL 32095

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 person or persons 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:

*James E. Reiling SR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-26-00

Daytime Phone #

904-824-4200

CR2E034 (9/99)