

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079875

1. Entity Name
CLEAR-WATER COOLERS, INC.

Principal Place of Business
1456 INDIAN TRAIL NORTH
PALM HARBOR FL 34683

Mailing Address
1456 INDIAN TRAIL NORTH
PALM HARBOR FL 34683

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **APPLIED FOR**
59-3597585 Applied For
Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYONS, GARY W
311 SOUTH MISSOURI AVENUE
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

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 _____ 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. FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 | DP | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CASON, PAUL DENNIS | | NAME |
| STREET ADDRESS | 1456 INDIAN TRAIL NORTH | | STREET ADDRESS |
| CITY-ST-ZIP | PALM HARBOR FL 34683 | | CITY-ST-ZIP |
| TITLE | D | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ERRINGTON, RONALD E | | NAME |
| STREET ADDRESS | 415 LEEWARD ISLAND | | STREET ADDRESS |
| CITY-ST-ZIP | CLEARWATER FL 33767 | | CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME |
| STREET ADDRESS | | | STREET ADDRESS |
| CITY-ST-ZIP | | | CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME |
| STREET ADDRESS | | | STREET ADDRESS |
| CITY-ST-ZIP | | | CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME |
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| CITY-ST-ZIP | | | CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> Delete | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME |
| STREET ADDRESS | | | STREET ADDRESS |
| CITY-ST-ZIP | | | 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: Stacey A. Cason
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90356 004 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

4-6-02 727-224-2616
Date Daytime Phone #