

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90170 015 ***150.00

DOCUMENT # P99000110021

1. Entity Name
COOL BREEZE OF KEY WEST, INC.



Principal Place of Business
**5605 THIRD AVE
KEY WEST FL 33040**

Mailing Address
**5605 THIRD AVE
KEY WEST FL 33040**



2. Principal Place of Business

2534 NE 9th AVE
Suite, Apt. #, etc.
#5

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

Cape Coral

City & State

Cape Coral

Zip

33909

Country

Lee

Zip

33909

Country

Lee

4. FEI Number **65-0975372**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GOLDBERG, JUDITH
223 GOLF CLUB DR
KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name **Judith Goldberg**
Street Address (P.O. Box Number is Not Acceptable)

2534 NE 9th AVE
City **Cape Coral** FL Zip Code **33909**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DST** ☐ Delete
NAME **COLWELL, DAVE**
STREET ADDRESS **52 GOLF CLUB DR.**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **DP** ☐ Delete
NAME **GOLDBERG, JUDITH**
STREET ADDRESS **52 GOLF CLUB DR.**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/03 329574-7778

CR2E034 (10/02)