

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S39949

1. Entity Name

COOL AND CLEAN, INC.

Principal Place of Business

Mailing Address

2532 5TH AVE NORTH
SUITE 2E
SAINT PETERSBURG FL 33712
US

P.O BOX 12733
ST. PTERBURG FL 33733

2. Principal Place of Business

3. Mailing Address

2532 5TH AVE No.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3077802

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

33713

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROIDA, JOEL D ESQ
605 75TH AVE
ST PETERSBURG BCH FL 33706

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.
(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 ☐ Delete
NAME D
STREET ADDRESS RECHNITZ, GIDEON
CITY-ST-ZIP 5940 BALAO WAY
ST PETERSBURG BCH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 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

GIDEON RECHNITZ

Date

Daytime Phone #

1/5/01

727-328-9280

CR2E034 (10/00)

0524718

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90080 001 ***150.00



DO NOT WRITE IN THIS SPACE