

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 27, 2001 08:00 AM  
Secretary of State

DOCUMENT # V05990

1. Entity Name  
OTTO COOL, INC.

Principal Place of Business

1186 OCEAN SHORE BLVD.  
107  
ORMOND BEACH  
32176

FL

Mailing Address

1186 OCEAN SHORE BLVD.  
107  
ORMOND BEACH  
32176

FL

2. Principal Place of Business  
1458 OCEAN SHORE BLVD.

3. Mailing Address  
1458 OCEAN SHORE BLVD.

Suite, Apt. #, etc.  
107

Suite, Apt. #, etc.  
107

City & State  
ORMOND BEACH

FL

City & State  
ORMOND BEACH

FL

Zip  
32176

Country

Zip  
32176

Country

4. FEI Number  
65-0305121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHILDS, MICHAEL J.  
1186 OCEAN SHORE BLVD.  
107  
ORMOND BEACH  
32176

FL

7. Name and Address of New Registered Agent

Name

CHILDS, MICHAEL J.

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

1458 OCEAN SHORE BLVD.

107

City  
ORMOND BEACH

FL

Zip Code  
32176

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 \_\_\_\_\_ 02/27/2001  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
CHILDS, MICHAEL J.  
1186 OCEAN SHORE BLVD. # 107  
ORMOND BEACH  
FL 32176 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
CHILDS, MICHAEL J.  
1458 OCEAN SHORE BLVD. # 107  
ORMOND BEACH  
FL 32176 ☒ Change ☐ Addition

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

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

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

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

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

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: MICHAEL J. CHILDS

PRES 02/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)