

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142720

Entity Name: COOL VIEW INC.**Current Principal Place of Business:**12645 LACEY DRIVE
NEW PORT RICHEY, FL 34654**Current Mailing Address:**12645 LACEY DRIVE
NEW PORT RICHEY, FL 34654**FEI Number:** 59-3774647**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MALIKOWSKI, JAIME D
12645 LACEY DRIVE
NEW PORT RICHEY, FL 34654 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name MALIKOWSKI, JAIME D
Address 12645 LACEY DRIVE
City-State-Zip: NEW PORT RICHEY FL 34654

Title CH-B
Name MALIKOWSKI, JAIME D
Address 12645 LACEY DRIVE
City-State-Zip: NEW PORT RICHEY FL 34654

Title SEC.
Name MALIKOWSKI, JAIME D
Address 12645 LACEY DRIVE
City-State-Zip: NEW PORT RICHEY FL 34654

Title VP
Name MALIKOWSKI, JAIME D
Address 12645 LACEY DRIVE
City-State-Zip: NEW PORT RICHEY FL 34654

Title TRES
Name MALIKOWSKI, JAIME D
Address 12645 LACEY DRIVE
City-State-Zip: NEW PORT RICHEY FL 34654

Title OFF
Name MALIKOWSKI, JAIME DOFFICE
Address 12645 LACEY DRIVE
City-State-Zip: NEW PORT RICHEY FL 34654

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAIME MALIKOWSKI**PRESIDENT****04/08/2019**

Electronic Signature of Signing Officer/Director Detail

Date