

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90152 002 ***150.00

DOCUMENT # **PO 1000060846**

1. Entity Name

Heidi Ann Cole, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

333 Peruvian Ave

Suite, Apt. #, etc.

3. Mailing Address

134 Seville Rd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Beach FL

City & State

West Palm Beach, FL

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Heidi A. Cole

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

134 Seville Rd

City

West Palm Beach FL

Zip Code

33405

**DO NOT WRITE
IN THIS SPACE**

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

Heidi A. Cole, President

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

(NOTE: Registered Agent signature required when reappointing)

4/20/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$81.25**

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
**President
Heidi A. Cole
134 Seville Rd
West Palm Beach, FL 33405**

TITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Heidi A. Cole

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02

DATE

561-443-1113

Daytime Phone #

CR2E034B (12/01)