

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90133 047 ***150.00

DOCUMENT # 143175

1. Entity Name

B.D. COLE, INC.

Principal Place of Business

Mailing Address

2240 PALM BEACH LAKES BLVD.
 #400
 W. PALM BEACH FL 33409
 US

P.O. BOX 3266
 P.O. BOX 3266
 W. PALM BEACH FL 33402-3266
 US

711004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0200350

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALDWELL, MANLEY P., JR.
324 ROYAL PALM WAY
PALM BEACH FL 33480

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	COLE, JOSEPH SR	
STREET ADDRESS	2240 PALM BCH LKS BLVD	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	CPD	<input type="checkbox"/> Delete
NAME	COLE, JOSEPH H. J	
STREET ADDRESS	2240 PALM BCH LKS BLVD	
CITY-ST-ZIP	W PALM BCH.FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALLEN, RAYMOND W JR	
STREET ADDRESS	2240 PALM BEACH LAKES BLVD	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	POLLIS, SHARON L	
STREET ADDRESS	2240 PALM BEACH LAKES BLVD.	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CALDWELL, MANLEY P. J	
STREET ADDRESS	324 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SORY, JAMES R JR.	
STREET ADDRESS	181 SATINWOOD LN	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-00

Date

(561) 683-8320

Daytime Phone #