

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90004 019 ***150.00

0607617

DOCUMENT # 143175

1. Entity Name
B.D. COLE, INC.

Principal Place of Business 2240 PALM BEACH LAKES BLVD. #400 W. PALM BEACH FL 33409 US	Mailing Address P.O. BOX 3266 P.O. BOX 3266 W. PALM BEACH FL 33402 US
--	---

818982



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-0200350** Applied For
 Not Applicable

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 DATE **1-4-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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 NAME D COLE, JOSEPH SR STREET ADDRESS 2240 PALM BCH LKS BLVD CITY-ST-ZIP W PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME CPD COLE, JOSEPH H. JR STREET ADDRESS 2240 PALM BCH LKS BLVD CITY-ST-ZIP W PALM BCH FL	<input type="checkbox"/> Delete
TITLE NAME VD ALLEN, RAYMOND W JR STREET ADDRESS 2240 PALM BEACH LAKES BLVD CITY-ST-ZIP W PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME VD POLLIS, SHARON L STREET ADDRESS 2240 PALM BEACH LAKES BLVD. CITY-ST-ZIP W PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME SD CALDWELL, MANLEY P. J STREET ADDRESS 324 ROYAL PALM WAY CITY-ST-ZIP PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME TD SORRY, JAMES R JR. STREET ADDRESS 181 SATINWOOD LN CITY-ST-ZIP PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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: DATE **3-30-01** DAYTIME PHONE # **(561)683-8320**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)