

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90070 043 \*\*\*150.00

**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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-0200350</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CALDWELL, MANLEY P., JR.</b> <b>324 ROYAL PALM WAY</b> <b>PALM BEACH FL 33480</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLE, JOSEPH SR</b> <b>2240 PALM BCH LKS BLVD</b> <b>W PALM BEACH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CPD</b> <b>COLE, JOSEPH H. J</b> <b>2240 PALM BCH LKS BLVD</b> <b>W PALM BCH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>ALLEN, RAYMOND W JR</b> <b>2240 PALM BEACH LAKES BLVD</b> <b>W PALM BEACH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT, Director</b> <b>ALLEN, RAYMOND W. JR</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CALDWELL, MANLEY P. J</b> <b>324 ROYAL PALM WAY</b> <b>PALM BEACH FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT &amp; Secretary, Director</b> <b>CALDWELL, MANLEY P. J</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SORY, JAMES R JR.</b> <b>181 SATINWOOD LN</b> <b>PALM BEACH GARDENS FL 33410</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>CORR, CAROLYN C.</b> <b>2240 Palm Beach Lakes Blvd</b> <b>West Palm Beach, FL 33409</b>

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-21-2002**

**(561) 683-8320**

CR2E034 (9/01)