

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90157 019 ***150.00

DOCUMENT # 478660

1. Entity Name
COLE BUSINESS GROUP, INC.



Principal Place of Business
2233 S.W. 5th PL
CAPE CORAL FL 33991
US

Mailing Address
P.O. BOX 150370
CAPE CORAL FL 33915
US



2. Principal Place of Business
2233 S.W. 5th PL.

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Cape Coral, FL

City & State

4. FEI Number **59-1594630**

Applied For

Not Applicable

Zip
33991

Country
Lee

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

COLE, GARY L.
2233 S.W. 5th PL 2233 S.W. 5th PL
CAPE CORAL FL 33991

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Gary Cole GARY COLE**

3/20/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **P**
STREET ADDRESS **COLE, GARY L.**
CITY-ST-ZIP **2233 S.W. 5th PL**
CAPE CORAL FL 33991

☐ Delete

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

3/20/03 239-573-6088

Date

Daytime Phone #

CR2E034 (10/02)