

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90210 032 ***150.00

0666155 AT

DOCUMENT # F02000002959

1. Entity Name
COLE BOULEVARD SQUARE MANAGEMENT, INC.



Principal Place of Business
3001 EAST CAMELBACK ROAD, SUITE 140
PHOENIX AZ 85016

2. Principal Place of Business
2555 E - CAMELBACK

Suite, Apt. #, etc.
#400

City & State
Phoenix AZ

Zip
85016

Country
USA

3. Mailing Address
2555 E - CAMELBACK

Suite, Apt. #, etc.
#400

City & State
Phoenix AZ

Zip
85016

Country
USA

4. FEI Number
86-090147

5. Certificate of Status Desired
APPLIED FOR

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCST
COLE, SCOTT H
3001 EAST CAMELBACK ROAD, SUITE 140
PHOENIX AZ 85016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WC
KOBLENZ, BLAIR D
3001 EAST CAMELBACK ROAD, SUITE 140
PHOENIX AZ 85016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HORNE, ADRIANNE M
CORPORATION TRUST CENTER, 1209 ORANGE ST.
WILMINGTON DE 19801

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2555 E - CAMELBACK RD #400

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2555 E - CAMELBACK RD #400

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
KIM LUTTHANS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 no person or persons 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: **COLE COMPANIES, INC.** **4/21/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)