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

## F02000003348 **DOCUMENT #**

1. Entity Name

COLE'S FREIGHT LINES, INCORPORATED

## **FILED** Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90132 047 \*\*\*150.00

				WE TO	<b>/</b>				
Principal Place of Business 23465 GRAM ROAD WATERTOWN NY 13601		PO	ing Address BOX 399 Y NY 13041		- 				
2. Principal	Place of Business	3. M	ailing Address						
-Suite, Apt	tr#; etc.	Su	ite, Apt∓#, etc.			CK HERE IF MAKI	ING CHANGES		
City & Sta	nte	Cit	y & State		4 SSI Number				
Zip Country		Zip	Zip Country		16-1436712 Applied For Not Applied For Status Desired Status Desired Status Desired Status Desired Total Status De				
	6. Name and Addr	ess of Current Register	red Agent	<u> </u>	5. Certificate of Status		Fee Require		
	or Home and Addition		ed Agent	Name	7. Name and Address	of New Registers	d Agent		
COLE, RO	ON .			0 11	PO Por No.				
	och avenue			Street Address	S (P.O. Box Number is Not A	Acceptable)			
ORLANDO	O <sub>.</sub> FL 32806					<u> </u>			
	*			City	· · · · · · · · · · · · · · · · · · ·	F	Zip Cod	je	
8. The above	e named entity submits the comment of registered agent	nis statement for the pur	pose of changing its	registered office or regist	ered agent, or both, in the S	State of Florida. I a	m familiar with,	and accept	
ine poliga		•							
SIGNATURE	Signature, typed or printed name	of registered agent and title if ap	plicable (NOT	E: Registered Agent signature requir	and when minutesian				
	ILE NOW!!! FEE IS		1 , (10.	e. negatared Agent alginatore requi	ec when reinstating)	DATE	<del> </del>		
	r May 1, 2003 Fee wil				9. Election Car	npaign Financing		<b>0</b> May Be	
Make Chec	k Payable to Florida D	epartment of State			Trust Fund C	Contribution.	☐ Added	d to Fees	
10.		FFICERS AND DIRECTO		11.	ADDITIONS/CHANGE	S TO OFFICERS A	ND DIRECTOR	S IN 11	
TITLE NAME	P COLE, RON		☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS	8212 RENFREW DRI	VE		NAME STREET ADDRESS					
CITY-ST-ZIP	LIVERPOOL NY 1309	90		CITY-ST-ZIP					
TITLE	V COLE THA		☐ Delete	TITLE			☐ Change	Addition	
NAME Street address	COLE, TIM   5176 NOVARA LANE	:		NAME STREET ADDRESS					
CITY-ST-ZIP	CLAY NY 13041	•		CITY-ST-ZIP					
TITLE	-		☐ Delete	TITLE			Change	☐ Addition	
VAME				NAME			onango		
STREET ADDRESS CITY-ST-ZIP				STREET ADORESS CITY-ST-ZIP					
TITLE			☐ Delete	TITLE					
IAME		•	btitle	NAME			Change	☐ Addition	
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IAME			☐ Delete	TITLE			Change	Addition	
TREET ADDRESS				STREET ADDRESS					
ITY-ST-ZIP				CITY-ST-ZIP	Bo				
ITLE AME			☐ Delete	TITLE			Change	Addition	
TREET ADDRESS				NAM					
ITY-ST-ZIP			4						
2. 1 hereby c	ertify that the information	supplied with this filing	does not qualify	stated in Se	ection 119.07(3)(i), Florida	Statutos I furthos o	ortify that the !-		
indicated of the corp	on this report or supplem coration or the receiver of or on an attachment with	nental report is true and a trustee empowered to	accurate and the	shall have the	same legal effect as if mad 7, Florida Statutes; and that				
changed,	or on an attachment with	ap add/ess, with all oth	e like empowered.	and by Chapter 60	,	my name appears	IN DIOCK TO OF	PIOCK 111	

**SIGNATURE:**