

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G79154

1. Entity Name

COLE ELECTRICAL CONSTRUCTION, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90053 018 \*\*\*150.00

Principal Place of Business

Mailing Address

8 MIDWAY DR  
BUNNELL FL 32110  
US

L758650  
P. O. BOX 1677  
FLAGLER BEACH FL 32136-1677  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
136 Bulldog Drive

Suite, Apt. #, etc.

City & State  
Bunnell, FL 32110

City & State

Zip Country  
32110 US

Zip Country

4. FEI Number 59-2453556

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

COLE, GLEN  
59 RICHMOND DR  
PALM COAST FL 32137

Name

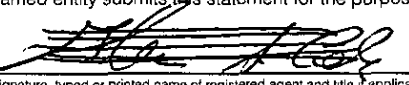
Street Address (P.O. Box Number is Not Acceptable)

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  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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 P ☐ Delete  
NAME COLE, GLEN S.  
STREET ADDRESS 59 RICHMOND DR  
CITY-ST-ZIP PALM COAST FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME COLE, KEVIN G.  
STREET ADDRESS 1844 S. FLAGLER AVENUE  
CITY-ST-ZIP FLGER BEACH FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Rt. 1 Box 184A4  
CITY-ST-ZIP Bunnell, FL 32110

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (9/99)