

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 91006 015 ***158.75

DOCUMENT # J48289

1. Entity Name
COLE, STONE, STOUDEMIRE, MORGAN & DORE, P.A.

Principal Place of Business
% ROBERT A. COLE
76 SO LAURA STREET 1700
JACKSONVILLE FL 32202
US

Mailing Address
% ROBERT A. COLE
76 SO LAURA STREET 1700
JACKSONVILLE FL 32202
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
201 N. Hogan Street
 Suite, Apt. #, etc.
Suite 200

3. Mailing Address
201 N. Hogan Street
 Suite, Apt. #, etc.
Suite 200

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number **59-2748399**

Applied For
☐ **Not Applicable**

Zip **32202** **Country**

Zip **32202** **Country**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COLE, ROBERT A.
76 SOUTH LAURA STREET
SUITE 1700
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
201 N. Hogan Street
Suite 200
City Jacksonville, FL Zip Code 32202

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STONE, WILLIAM T. 76 SO LAURA STREET, SUITE 1700 JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV COLE, ROBERT A. 76 SO LAURA STREET, SUITE 1700 JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STOUDEMIRE, RICHARD M. 76 SO LAURA STREET, SUITE 1700 JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MORGAN, MARY N 76 S. LAURA STREET, SUITE 1700 JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DORE, DENNIS P 76 S LAURA ST STE 1700 JACKSONVILLE FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLE, FRANK H JR 76 S LAURA STREET #1700 JACKSONVILLE FL 32202	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV 201 N. Hogan Street, Suite 200 Jacksonville, FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS 201 N. Hogan Street, Suite 200 Jacksonville, FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV 201 N. Hogan Street, Suite 200 Jacksonville, FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T 201 N. Hogan Street, Suite 200 Jacksonville, FL 32202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 (9/01)