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

## DOCUMENT # **J73963**

1. Entity Name

## **COLE ENGINEERING & CONSTRUCTORS CORPORATION**



FILED Jan 09, 2003 8:00 am Secretary of State

01-09-2003 90098 006 \*\*\*158.75

	-		VI TO	<b>′</b>		
Principal Place of Business 2776 SUMMERDALE DR NORTH CLEARWATER FL 33761 US		Mailing Address P O BOX 879 PALM HARBOR FL 34682-7879		I IARDINE ON JOSEP HAIR FOND OURS HAIR RISE	i dinii orah dini alah dini dini kal	
2. Principal	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2805935 Applied For		
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable  \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered		
COLE, DIANA L. 2862 ALLAPATTAH DRIVE			Name Street Address	s (P.O. Box Number is Not Acceptable)		
	ATER FL 33761					
			City	Fi		
the obliga	nons or registered agent.		its registered office or registered office or registered Agent signature requirements.	ered agent, or both, in the State of Florida. I am ed when reinstating)  DATE	familiar with, and accept	
Afte Make Chec	TILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of				\$5.00 May Be Added to Fees	
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COLE, DIANA L. 2862 ALLAPATTAH DRIVE CLEARWATER FL 33761	∟i Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS COLE, ROBERT W. 2862 ALLAPATTAH DRIVE CLEARWATER FL 33761	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV LOOMIS, BRIAN J 2731 MORNINGSIDE DRIVE CLEARWATER FL 34619	- Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAV COLE, RICHARD M. 3228 ENTERPRISE RD SAFETY HARBOR FL 34695	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
ITLE IAME Street address City-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1- :1- 0

721-726-5556

Daytime Phone #