

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90017 019 ***158.75

DOCUMENT # K25069

1. Entity Name

GEORGE R. COOLBROTH, INC.

Principal Place of Business

Mailing Address

% GEORGE R. COOLBROTH
 262 SW 63 RD. AVE.
 PLANTATION FL 33317

% GEORGE R. COOLBROTH
 262 SW 63 RD. AVE.
 PLANTATION FL 33317

2. Principal Place of Business

3. Mailing Address

1111 SW 21st Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay 19

City & State

City & State

FORT LAUDERDALE

Zip

Country

Zip

Country

33312

FLORIDA

6. Name and Address of Current Registered Agent

4. FEI Number **65-0053824**

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

**COOLBROTH, GEORGE R.
 262 SW 63 AVE.
 PLANTATION FL 33317**

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 **George R. Coolbroth**

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

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, 2001 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 **PST** ☐ Delete
 NAME **COOLBROTH, GEORGE R.**
 STREET ADDRESS **262 SW 63 AVE**
 CITY-ST-ZIP **PLANTATION FL**

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

TITLE ☐ Delete
 NAME **VICE PRESIDENT**
 STREET ADDRESS **JEFF T. RYAN**
 CITY-ST-ZIP **2822 NW 111 Ave. Sunrise, FL 33322**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 #

George R. Coolbroth **4/24/01**

954 581-9567

CR2E034 (10/00)