

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-11-2003 90018 031 ****50.00

DOCUMENT # L02000025264

1. Entity Name

BALDWIN, COLE & COMPANY, LLC



Principal Place of Business

**2185 NORTH PARK AVENUE
WINTER PARK FL 32789**

Mailing Address

**2185 NORTH PARK AVENUE
WINTER PARK FL 32789**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2369381

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROBINSON, JOHN D.
201 EAST PINE STREET, SUITE 1200
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **RUSSELL BALDWIN & COMPANY C.P.A., P.A.**
STREET ADDRESS **2185 NORTH PARK AVENUE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **MGRM** ☐ Delete
NAME **RONALD A. COLE, C.P.A., LLC**
STREET ADDRESS **2185 NORTH PARK AVENUE**
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE REQUIRED

4/8/03

407 628 2761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)