

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L82536**

1. Entity Name

COLE ELECTRIC, INC.**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90075 018 ***150.00

0283044

Principal Place of Business Mailing Address
C/O J. LEE COLE C/O J. LEE COLE
3520 INVESTMENT LANE, #6 3520 INVESTMENT LANE, #6
RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404

001000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0216594		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COLE, PHILLIP H 3520 INVESTMENT LANE, #6 RIVIERA BEACH FL 33404		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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, 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COLE, J. LEE	NAME	
STREET ADDRESS	3052 CALHOON RD NE	STREET ADDRESS	
CITY-ST-ZIP	ROME GA 30161	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COLE, PHILLIP	NAME	
STREET ADDRESS	8287 KELSO DR.	STREET ADDRESS	
CITY-ST-ZIP	PALM BCH. GARDENS FL	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PHILLIP T. COLE	NAME	
STREET ADDRESS	15781 79TH TERRACE NORTH	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARK L. COLE	NAME	
STREET ADDRESS	2542 MANIKI DRIVE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Phillip H. Cole* **PHILLIP H. COLE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/05/01

Date

(561) 842-8441

Daytime Phone #

CR2E034 (10/00)