## 2001 UNIFORM BUSINESS REPORT (UBR)

- ÷

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000001493 1. Entity Name BOB COLE'S IMPORT AUTOMOTIVE PROFESSIONALS, INC.				FILED Aug 08, 2001 8:00 am Secretary of State 08-08-2001 90005 027 ***550.00	UT DODU TO
Principal Plac 6521 LONG ST PENSACOLA F	REET	Mailing Address 6521 LONG STREET PENSACOLA FL 32504			
2. Principal P	lace of Business	3. Mailing Address			
Suite, Apt. #, etc. Suite, Apt. #,		Suite, Apt. #, etc.	<u>_</u>	DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number Applied For 59-2466843 Not Applicab	
Zip	Country	Zip	Country	5. Certificate of Status Desired Status Peer Required Fee Required	
6. Name and Address of Current Registered Agent COLE, ROBERT A 8651 RIVERSTONE DRIVE			Name Street Addre	7. Name and Address of New Registered Agent	
PENSACO	LA FL 32583		City	FL Zip Code	_
9. This corpo Tax filing r (See criter	Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible requirement and elects to do so. (a on back)	FILE NOW! After September 12 Make Check Payab	Pregistered Agent signature req I FEE IS \$550.00 , 2001 Fee will be \$7 le to Department of \$	5750.00 10. Election Campaign Financing \$5.00 May Be   f State Trust Fund Contribution. Added to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND I COLE, ROBERT A 8651 RIVERSTONE DRIVE PENSACOLA FL 32583		12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Cole, Sheila D. SAME AS ABOVE	1. Prze · Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change 🛄 Additio	л ( <del>с</del>
TITLE NAME STREET ADDRESS	Cole, Heather U	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	on 
TITLE NAME STREET ADDRESS I CITY-ST-ZIP	Sprie AS ABove	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	🗌 Change 🔲 Addilio	on
TITLE NAME Street address City - St-Zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Additio	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Additio	'n
indicated of the cor	on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	true and accurate and that in wered to execute this error.	the exemption stated in hy signature shall have t as required by Chapter	in Section 119.07(3)(i), Florida Statutes. I further certify that the information a the same legal effect as if made under oath; that I am an officer or director ar 607, Florida Statutes; and that my name appears in Block 11 or Block 12 i . Cole 2/30/61 BSor 478-9580	if