

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90109 026 \*\*\*150.00

0244241

**DOCUMENT # P00000106727**

1. Entity Name  
**COLE DIVERSIFIED, INC.**

Principal Place of Business 1007 N. FEDERAL HWY., #29 FT. LAUDERDALE FL 33304-1422	Mailing Address 1007 N. FEDERAL HWY., #29 FT. LAUDERDALE FL 33304-1422
--	--

**C0064175**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1800 S.W. 11th St</b> Suite, Apt. #, etc.	3. Mailing Address <b>1007 W. Federal Hwy #29</b> Suite, Apt. #, etc.
---	---

City & State <b>Ft. Lauderdale, FL</b>	City & State <b>Ft. Lauderdale, FL 33304</b>	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
---	---	---------------	---

Zip <b>33312</b>	Country <b>BELOW</b>	Zip <b>33304</b>	Country <b>Forward</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
---------------------	-------------------------	---------------------	---------------------------	---

6. Name and Address of Current Registered Agent <b>TRANTALIS, DEAN J ESQ. 1007 N. FEDERAL HWY., #29 FT. LAUDERDALE FL 33304-1422</b>	7. Name and Address of New Registered Agent Name <b>Steve Hamby</b> Street Address (P.O. Box Number is Not Acceptable) <b>1800 S.W. 11th St</b> City <b>Ft. Lauderdale</b> FL Zip Code <b>33312</b>
---	---

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 *Steve Hamby* DATE 4/29/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
--	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HAMBY, STEVEN 1007 N. FEDERAL HWY., #29 FT. LAUDERDALE FL 33304-1422</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD WILLIAMS, ELAINE H 1007 N. FEDERAL HWY., #29 FT. LAUDERDALE FL 33304-1422</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Steve Hamby* DATE 4/29/01 DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)