

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90059 042 ***558.75

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DOCUMENT # P01000121287

1. Entity Name
COLES'S CONSTRUCTION, INC.



Principal Place of Business
605 HILLPOINT WAY
BRANDON FL 33510

Mailing Address
605 HILLPOINT WAY
BRANDON FL 33510

2. Principal Place of Business

3. Mailing Address

P.O. BOX 2905

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Brandon, FL

4. FEI Number

26-0000189

Applied For

Not Applicable

Zip

Country

Zip

33509

Country

Hillsborough

5. Certificate of Status Desired

✓

\$8.75 Additional Fee Required

✓ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLE, JERRY
605 HILLPOINT WAY
BRANDON FL 33510

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

Jerry Cole

8/30/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
COLE, JERRY
605 HILLPOINT WAY
BRANDON FL 33510

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
COLLINS, SHAUNA
605 HILLPOINT WAY
BRANDON FL 33510

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/03 (813)
654-8136

Date Daytime Phone *

CR2E034 (4/03)