

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90118 014 ***150.00

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DOCUMENT # P94000072889

1. Entity Name
COLE-RUIZ FINANCIAL SERVICES, INC.

Principal Place of Business
**9753 S. ORANGE BLOSSOM TRAIL
 SUITE 208
 ORLANDO FL 32837
 US**

Mailing Address
**9753 S. ORANGE BLOSSOM TRAIL
 SSUITE 208
 ORLANDO FL 32837
 US**



2. Principal Place of Business **TR**
9741 S. ORANGE BLOS

3. Mailing Address
9741 S. ORANGE BLOS TR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number **59-3271487**

Applied For
 Not Applicable

Zip **32837** Country **ORANGE**

Zip **32837** Country **ORANGE**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COLE, JAMES V
 9753 S. ORANGE BLOSSOM TRAIL, #208
 SUITE 208
 ORLANDO FL 32837**

7. Name and Address of New Registered Agent

Name **COLE, JAMES V.**
 Street Address (P.O. Box Number is Not Acceptable)
9741 S. ORANGE BLOS. TR #9
 City **ORLANDO FL FL** Zip Code **32837**

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 **JAMES V. COLE** **2/23/02**

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, 2002 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**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLE, JAMES V 9753 S ORANGE BLOSSOM TRAIL, STE 208 ORLANDO FL 32837	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLE, JAMES V 9741 S. ORANGE BLOS TR #9 ORLANDO FL 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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"/> 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:

**SIGNATURE OF JAMES V. COLE
 PRESIDENT**

2/23/02 407-240-6514

Date Daytime Phone #

CR2E034 (9/01)