

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90035 038 \*\*\*150.00

**DOCUMENT # P95000048139**

1. Entity Name  
**COLE WHITAKER REALTY, INC.**



Principal Place of Business  
**749 N. GARLAND SUITE 202  
ORLANDO, FL 32801**

Mailing Address  
**749 N. GARLAND SUITE 202  
ORLANDO, FL 32801**

2. Principal Place of Business  
**3007 S. OSCEOLA AVE.**  
Suite, Apt. #, etc.

3. Mailing Address  
**3007 S. OSCEOLA AVE.**  
Suite, Apt. #, etc.

City & State  
**ORLANDO FL**  
Zip  
**32806**  
Country  
**USA**

City & State  
**ORLANDO, FL**  
Zip  
**32806**  
Country  
**USA**

4. FEI Number  
**59-3350429**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**WHITAKER, COLE  
749 N. GARLAND SUITE 202  
ORLANDO, FL 32801**

**7. Name and Address of New Registered Agent**

Name  
**WHITAKER COLE**  
Street Address (P.O. Box Number is Not Acceptable)  
**3007 S. OSCEOLA AVE**  
City **ORLANDO** FL Zip Code **32806**

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

*[Signature]*

Signature, typed or printed name of registered agent and fee applicable.

(NOTE: Registered Agent Signature required when reinstating)

**4/30/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$650.00  
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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WHITAKER, COLE 749 N. GARLAND SUITE 202 ORLANDO, FL 32801</b>	<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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COLE WHITAKER 3007 S. OSCEOLA AVE. ORLANDO, FL 32806</b>	<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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/03 (407) 541 4411**  
Date Daytime Phone #

CR2E034 (10/02)