

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90056 010 ***150.00

DOCUMENT # P96000015761

1. Entity Name

JONATHAN E. COLE, P.A.

Principal Place of Business

250 ROYAL PALM WAY
 SUITE 300
 PALM BEACH FL 33401

Mailing Address

250 ROYAL PALM WAY
 SUITE 300
 PALM BEACH FL 33401

2. Principal Place of Business

c/o Edwards & Angell, LLP
 Suite, Apt. #, etc. Suite 400
 One North Clematis Street

City & State

West Palm Beach FL

Zip 33401

Country

USA

3. Mailing Address

c/o Edwards & Angell, LLP
 Suite, Apt. #, etc. Suite 400
 One North Clematis Street

City & State

West Palm Beach FL

Zip 33401

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0643703

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ANGELL CORPORATE SERVICES, INC.
 250 ROYAL PALM WAY
 SUITE 300
 PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

c/o Edwards & Angell, LLP

One North Clematis Street, Suite 400

City West Palm Beach

FL

Zip Code 33401

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.

ANGELL CORPORATE SERVICES, INC.

SIGNATURE

4/23/2001

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, 2001 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	DPST	<input type="checkbox"/> Delete
NAME	COLE, JONATHAN E	
STREET ADDRESS	250 ROYAL PALM WAY SUITE 300	
CITY-ST-ZIP	PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	One North Clematis Street, Suite 400
CITY-ST-ZIP	West Palm Beach FL 33401
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Jonathan E. Cole, President

4/23/2001

561-833-7700

Date

Daytime Phone #

CR2E034 (10/00)