

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90236 001 ***150.00

0831751 AV

DOCUMENT # P96000066659

1. Entity Name

COLE'S WATCH & JEWELRY REPAIR, INC.



Principal Place of Business
**2852 EAST OAKLAND PARK BOULEVARD
FORT LAUDERDALE FL 33306**

Mailing Address
**2852 EAST OAKLAND PARK BOULEVARD
FORT LAUDERDALE FL 33306**

11016800



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0687327**

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

**COLE, ROBERT
2852 E. OAKLAND PK. BLVD.
FORT LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 | PTD COLE, JACQUELINE B <input type="checkbox"/> Delete |
| STREET ADDRESS | 2852 EAST OAKLAND PARK BOULEVARD |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33306 |
| TITLE NAME | VSD COLE, ROBERT M <input type="checkbox"/> Delete |
| STREET ADDRESS | 2852 EAST OAKLAND PARK BOULEVARD |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33306 |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
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| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| 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
ROBERT M COLE

4-23-03

Date

Daytime Phone #

CR2E034 (10/02)