## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P98000023294 **DOCUMENT #**

1. Entity Name

R. J. COLE, INC.



**FILED** Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90274 015 \*\*\*150.00

						COO WE THE						
Principal Place of Business 6287 BAHIA DEL MAR CIRCLE BLDG P UNIT 908 ST. PETERSBURG FL 33715				Mailing Address 6287 BAHIA DEL MAR CIRCLE BLDG P UNIT 908 ST. PETERSBURG FL 33715				80003386				
2. Principal Place of Business				3. Mailing Address							ikii ehel idel	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State			<b>4.</b> F	4. FEI Number 59-3499525 Applied For Not Applicab				
Zip	Country				try	5. Certificate of Status Desired S8.75 Additing Fee Required						
6. Name and Address of Current Registered Agent								7. Name and Address of New Registered Agent				
						Name						
COLE, RICHARD J				Stre			et Address (P.O. Box Number is Not Acceptable)					
6287 BAHIA DEL MAR CIRCLE,BLDG.P,UNIT 908						SHOOT MAISSO (1.5. ESKITEMENT)						
ST. PETER	SBURG FL	33715								1		
						City		FL Zip Code			)	
	named entit	•	ement for the purp	ose of changing its	registere	ed office or reg	gistered age	ent, or both, in the State of Florid	da. I am fam	iliar with, a	and accept	
SIGNATURE .	Circulation based	or printed name of registe	and a next and title if any	liashla (NOTS	E: Pagistores	d Agent signature re	A Advisor when to	Signatura	DATE			
· · · · · · · · · · · · · · · · · · ·	Signature, typed	or praited flame or registe	areo agent and the r app	ilicable: (NOTE	_ negisieret	a Agent signature re	Squired which is	T T T T T T T T T T T T T T T T T T T	2/1/2			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								<ol> <li>Election Campaign Finar Trust Fund Contribution.</li> </ol>	ncing		May Be to Fees	
10.		OFFICER	RS AND DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFIC	ERS AND D	RECTORS	IN 11	
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	COLE, RICHARD J				NAME	E					ļ	
STREET ADDRESS 6287 BAHIA DEL MAR CIRCLE,BLI						ET ADDRESS					]	
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12. Thereby o	ertify that th	e information supp	lied with this filing	does not qualify for	the exer	mption stated	in Section	119.07(3)(i), Florida Statutes. I fo	urther certify	that the in	formation	
indicated	on this repo	rt or supplemental	report is true and	accurate and that m	nv signat	ure shall have	the same I	119.07(3)(i), Florida Statutes. I fo legal effect as if made under oat	h; that I am	an officer (	or director	

indicated on this report or supplier remained and accurate and materials and resource shall nave the same legal effect as it made under outly that it aim an officer of 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: