

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 NOV 18 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000095816

1. Entity Name

Coles Lane Properties, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5600 North Flagler Dr

Suite, Apt. #, etc.

Unit 608

City & State

West Palm Beach, FL

Zip

33407

Country

Palm Beach

3. Mailing Address

5600 North Flagler Dr

Suite, Apt. #, etc.

Unit 608

City & State

West Palm Beach, FL

Zip

33407

Country

Palm Beach

4. FEI Number

65-0958890

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Stuart Creggy

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

5600 North Flagler Dr

Unit 608

City

West Palm Beach

FL

Zip Code

33407

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.

new address is:

2580 So. Ocean Blvd

Apt 227, Palm Bch, FL 33407

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PS
NAME Creggy, Stuart
STREET ADDRESS 5600 North Flagler Dr, #608
CITY - ST - ZIP West Palm Beach, FL 33407

TITLE
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11/18/03--01093--004 **150.00

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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
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		4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 65-0958890 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%;">6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></td><td style="width: 20%; text-align: center;">Applied For Not Applicable</td></tr></table> \$3.75 Additional Fee required for a Certificate of Status		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	Applied For Not Applicable																										
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7. Name and Address of Current Registered Agent <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2" style="padding: 5px;"><small>Name</small> Stuart Creggy</td><td colspan="2" style="padding: 5px;"><i>new address is:</i></td></tr><tr><td colspan="2" style="padding: 5px;"><small>Street Address (P.O. Box Number is Not Acceptable)</small> 5600 North Flagler Drive, Unit 608</td><td colspan="2" style="padding: 5px;"><i>2580 S. Ocean Blvd</i></td></tr><tr><td colspan="2" style="padding: 5px;"><small>Suite, Apt. #, Etc.</small></td><td colspan="2" style="padding: 5px;"><i>SUITE 287 PALM BEACH, FL 33480</i></td></tr><tr><td style="padding: 5px;"><small>City</small> West Palm Beach</td><td style="padding: 5px;"><small>State Zip Code</small> FL 33407</td><td colspan="2"></td></tr></table>				<small>Name</small> Stuart Creggy		<i>new address is:</i>		<small>Street Address (P.O. Box Number is Not Acceptable)</small> 5600 North Flagler Drive, Unit 608		<i>2580 S. Ocean Blvd</i>		<small>Suite, Apt. #, Etc.</small>		<i>SUITE 287 PALM BEACH, FL 33480</i>		<small>City</small> West Palm Beach	<small>State Zip Code</small> FL 33407														
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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. <table style="width: 100%;"><tr><td style="width: 60%;"><small>Signature of Registered Agent</small> </td><td style="width: 40%;"><small>Date</small> <i>10/12/03</i></td></tr></table> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>				<small>Signature of Registered Agent</small>	<small>Date</small> <i>10/12/03</i>																										
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9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officers and/or Director</th><th style="width: 30%;">City/State/Zip</th></tr></thead><tbody><tr><td>PS</td><td>Creggy, Stuart</td><td>5600 North Flagler Dr</td><td>WPB, FL 33407</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				Titles	Name of Officers and/or Directors	Street Address of Each Officers and/or Director	City/State/Zip	PS	Creggy, Stuart	5600 North Flagler Dr	WPB, FL 33407																				
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10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. <table style="width: 100%;"><tr><td style="width: 60%;">SIGNATURE: </td><td style="width: 20%;"><small>Date</small> <i>11/12/03</i></td><td style="width: 20%;"><small>Daytime Phone #</small> <i>561-582-6705</i></td></tr></table> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>				SIGNATURE:	<small>Date</small> <i>11/12/03</i>	<small>Daytime Phone #</small> <i>561-582-6705</i>																									
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Stuart Creggy
5600 North Flagler Drive
Unit 608
West Palm Beach, FL 33407

25 PO So Ocean Blvd
Apt 287
Palm Beach, FL 33480

Florida Department of State
Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314


November 12, 2003

To Whom It May Concern:

I am submitting my Corporate Reinstatement form for Coles Lane Properties and asking that all penalties and fees except the \$150.00 reinstatement fees be waived. I never received the 2003 UBR for my corporation and have not received any correspondence from your office in regards to this matter.

I am enclosing a 2003 UBR, document of corporate reinstatement and a check for \$150.00. If you have any further questions, please do not hesitate to contact Marilyn Lew-Jacobs at (561)615-8585.

Thank you,


Stuart Creggy