

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 305354 ✓
 1. Entity Name
 RUHL W KOBLEGARD AGENCY INC.

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90134 048 ***150.00

Principal Place of Business
 1008 S 12th St
 FORT PIERCE
 FL

Mailing Address
 1008 S 12th St
 Fort Pierce, FL 34950

C0060452

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Zip Country

4. FEI Number
 59-1141964

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 Ruhl W Koblegard
 1008 S 12th Street
 Fort Pierce, FL 34950

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.

SIGNATURE _____
 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	President - Director	<input type="checkbox"/> Delete
NAME	Ruhl W. Koblegard	
STREET ADDRESS	1008 S. 12th St	
CITY-ST-ZIP	Fort Pierce FL 34950	
TITLE	VP - Director	<input type="checkbox"/> Delete
NAME	Ruhl W Koblegard III	
STREET ADDRESS	10604 Pinecone Lane	
CITY-ST-ZIP	Fort Pierce, FL 34945	
TITLE	Sec - Director	<input type="checkbox"/> Delete
NAME	Hazel K Koblegard	
STREET ADDRESS	1008 S 12th St	
CITY-ST-ZIP	Fort Pierce, FL 34950	
TITLE	Asst S + Treasurer - Director	<input type="checkbox"/> Delete
NAME	Christine K. Pyles	
STREET ADDRESS	801 S Ocean Drive, Apt 401	
CITY-ST-ZIP	Fort Pierce 34949	
TITLE		<input type="checkbox"/> Delete
NAME		
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 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		
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, with all other like empowered.

SIGNATURE: Ruhl W. Koblegard
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-20-01
 Date

561-461 7681
 Daytime Phone #

CR2E034 (11/00)