

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90086 015 ***550.00

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1. Entity Name

KOHLER AND SONS, INC.



Principal Place of Business

9800 PAGE BLVD.

ST. LOUIS MO 63132-1429

Mailing Address

9800 PAGE BLVD.

ST. LOUIS MO 63132-1429

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

43-0624209

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

FLORIDA STATE INCORPORATION SERVICES, INC.
8699 PLUTO TERRACE
LAKE PARK FL 33403

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **C KOHLER, CHARLES J**
STREET ADDRESS **354 GASCONY WAY**
CITY-ST-ZIP **ST. LOUIS MO 63132**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DP KOHLER, KEVIN**
STREET ADDRESS **1832 WOODMARK ROAD**
CITY-ST-ZIP **TOWN & COUNTRY MO 63131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **12450-L LIGHTHOUSE WAY DR.**
CITY-ST-ZIP **CREVE COEUR, MO 63141**

TITLE ☐ Delete
NAME **DVP KOHLER, KENT**
STREET ADDRESS **16003 AUTUMN OAKS CIRCLE**
CITY-ST-ZIP **ELLISVILLE MO 63021**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S KOHLER, KEITH**
STREET ADDRESS **732 JUANITA**
CITY-ST-ZIP **ST. LOUIS MO 63122**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: **SIG. KEVIN C KOHLER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/03 314-428-9800
Date Daytime Phone #

CR2E034 (4/03)