FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
04 AUG 30 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000002605

1. Entity Name
K/G Tall Timbers, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
155 Polifly Road Suite, Apt. #, etc.	155 Polifly Road Suite, Apt. #, etc.
City & State: Hackensack, NJ	City & State: Hackensack, NJ
Zip: 07601 Country: USA	Zip: 07601 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3416659 ☐ 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: Allen Goins

Street Address (P.O. Box Number is Not Acceptable):
c/o AG Development
1301 N. Mabri Highway, Suite 200

City: Tampa FL Zip Code: 33618

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's 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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Director/Officer
NAME	Herbert Coklein
STREET ADDRESS	155 Polifly Road
CITY-ST-ZIP	Hackensack, NJ 07601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	400041099284
NAME	09/15/04--01035--018 **900.00
STREET ADDRESS	REINSTATEMENT 8.04
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034B (12/01)

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 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 #