

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H22703

1. Entity Name

KOALA TEE, INC. (U.S.A.)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90111 024 ***150.00

Principal Place of Business	Mailing Address
2160 17TH ST SARASOTA FL 34234	2160 17TH ST SARASOTA FL 34234-7654

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2571131	Applied For
		Not Applicable
5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANLEY, JEFFREY 2160 17TH ST. SARASOTA FL 34234	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 _____ (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, 2000 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	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table><tr><td>TITLE</td><td>DPT</td><td>☐ Delete</td></tr><tr><td>NAME</td><td>MANLEY, JERRY</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2160 17TH ST.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SARASOTA FL</td><td></td></tr></table>	TITLE	DPT	☐ Delete	NAME	MANLEY, JERRY		STREET ADDRESS	2160 17TH ST.		CITY-ST-ZIP	SARASOTA FL		<table><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	DPT	☐ Delete																							
NAME	MANLEY, JERRY																								
STREET ADDRESS	2160 17TH ST.																								
CITY-ST-ZIP	SARASOTA FL																								
TITLE		☐ Change ☐ Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>V</td><td>☐ Delete</td></tr><tr><td>NAME</td><td>MANLEY, JEFFREY</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2160 17TH ST.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SARASOTA FL</td><td></td></tr></table>	TITLE	V	☐ Delete	NAME	MANLEY, JEFFREY		STREET ADDRESS	2160 17TH ST.		CITY-ST-ZIP	SARASOTA FL		<table><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	V	☐ Delete																							
NAME	MANLEY, JEFFREY																								
STREET ADDRESS	2160 17TH ST.																								
CITY-ST-ZIP	SARASOTA FL																								
TITLE		☐ Change ☐ Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>V</td><td>☐ Delete</td></tr><tr><td>NAME</td><td>FOX, BARRY</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2160 17TH ST</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SARASOTA FL</td><td></td></tr></table>	TITLE	V	☐ Delete	NAME	FOX, BARRY		STREET ADDRESS	2160 17TH ST		CITY-ST-ZIP	SARASOTA FL		<table><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	V	☐ Delete																							
NAME	FOX, BARRY																								
STREET ADDRESS	2160 17TH ST																								
CITY-ST-ZIP	SARASOTA FL																								
TITLE		☐ Change ☐ Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>ST</td><td>☐ Delete</td></tr><tr><td>NAME</td><td>MANLEY, JACQUELINE</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2160 17TH ST</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>SARASOTA FL</td><td></td></tr></table>	TITLE	ST	☐ Delete	NAME	MANLEY, JACQUELINE		STREET ADDRESS	2160 17TH ST		CITY-ST-ZIP	SARASOTA FL		<table><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	ST	☐ Delete																							
NAME	MANLEY, JACQUELINE																								
STREET ADDRESS	2160 17TH ST																								
CITY-ST-ZIP	SARASOTA FL																								
TITLE		☐ Change ☐ Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td></td><td>☐ Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	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																									
<table><tr><td>TITLE</td><td></td><td>☐ Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	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																									

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/00 (941) 954-7700

CR2E034 (9/99)