

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90080 008 *****50.00

DOCUMENT # L00000009778

1. Entity Name

KOLB USA, LLC

Principal Place of Business

**100 EXECUTIVE WAY, STE 211
 PONTE VEDRA BEACH FL 32082**

Mailing Address

**100 EXECUTIVE WAY, STE 211
 PONTE VEDRA BEACH FL 32082**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

818 A1A N STE 206

Suite, Apt. #, etc.

City & State

PONTE VEDRA

Zip

32082

Country

ST. JOHNS

4. FEI Number

59-3665200

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**PATTERSON, BOND & LATSHAW, P.A.
 3010 SOUTH THIRD STREET
 JACKSONVILLE BEACH FL 32250**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **P** ☐ Delete
 NAME **ESTHER DALE KOLB**
 STREET ADDRESS **HEDINGEN**
 CITY-ST-ZIP **SWITZERLAND, CH8908**

TITLE **VS** ☐ Delete
 NAME **DOMSTAUDER, GREGORY J**
 STREET ADDRESS **169 SEA ISLAND DRIVE**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **T** ☐ Delete
 NAME **STUTE, RAINER**
 STREET ADDRESS **HEDINGEN**
 CITY-ST-ZIP **SWITZERLAND, CH8908**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jan. 29. 01

**904-
 280-
 5761**

CR2E083 (9/01)