

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2001 8:00 am**  
**Secretary of State**

03-21-2001 90047 044 \*\*\*150.00

**DOCUMENT # P00000002642**

1. Entity Name

**KOBOLD DISTRIBUTORS, INC.**

Principal Place of Business

**8109 LAKE SAN CARLOS CIRCLE  
 FT MYERS FL 33912**

Mailing Address

**8109 LAKE SAN CARLOS CIRCLE  
 FT MYERS FL 33912**

2. Principal Place of Business

**26340 Old 41 Rd**

Suite, Apt. #, etc.

3. Mailing Address

**PO Box 346367**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Bonita Springs, FL**

City & State

**Bonita Springs, FL**

4. FEI Number

**65-0970927**

Applied For

Not Applicable

Zip

**34135**

Country

**Lee**

Zip

**34136**

Country

**LEE**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**KOBOLD, SARAH A  
 8109 LAKE SAN CARLOS CIRCLE  
 FT MYERS FL 33912**

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 *Sarah A Kobold pres.*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/31/01**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>KOBOLD, SARAH A</b>	
STREET ADDRESS	<b>8109 LAKE SAN CARLOS CIRCLE</b>	
CITY-ST-ZIP	<b>FT MYERS FL 33912</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Sarah A Kobold*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/01**

Date

**941-949-6673**

Daytime Phone #

CR2E034 (10/00)