

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000035305**

1. Entity Name

**KOALA EMBROIDERY, INC.**

Principal Place of Business

**5126 N.W. 48TH AVE  
COCONUT CREEK FL 33073**

Mailing Address

**5126 N.W. 48TH AVE  
COCONUT CREEK FL 33073**

2. Principal Place of Business

**3560 W. Prospect Rd**

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

**FT. LAUDERDALE**

City &amp; State

4. FEI Number

**650997726**

Applied For

Not Applicable

Suite, Apt. #, etc.

Zip

Country

**33309 USA**

Zip

Country

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

**WEBSTER, LISA H  
5126 N.W. 48TH AVE  
COCONUT CREEK FL 33073**

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

**Lisa Webster Lisa Webster**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/27/01**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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>P WEBSTER, LISA H 5126 N.W. 48TH AVE COCONUT CREEK FL 33073</b>			
	<input type="checkbox"/> Delete		<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:

**Lisa Webster Lisa Webster**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/27/01 954-535-0805**

Daytime Phone #

**FILED  
Feb 05, 2001 8:00 am  
Secretary of State**

02-05-2001 90011 016 \*\*\*150.00

**C0016835**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)