

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90117 007 ***150.00

05071597 AV

DOCUMENT # P00000059477

1. Entity Name

KOEHL INCORPORATED

Principal Place of Business

**107 NIPPINO TRAIL W.
 NOKOMIS FL 34275**

Mailing Address

**107 NIPPINO TRAIL W.
 NOKOMIS FL 34275**

00023995



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3655006

Applied For

Not Applicable

Zip

Country

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

**KOEHL, CAROL
 1010 BAL HARBOUR DRIVE
 APOLLO BEACH FL 33572**

Name

Street Address (P.O. Box Number is Not Acceptable)

107 Nippino Trail W

City

Nokomis

FL

Zip Code

34275

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

Carol Koehl

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-02

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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **KOEHL, CAROL**
 CITY-ST-ZIP **1010 BAL HARBOUR DR
 APOLLO BEACH FL 33572**

☒ Change ☐ Addition
 TITLE
 NAME **107 Nippino Trail W**
 STREET ADDRESS **Nokomis FL 34275**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **KOEHL, RON**
 CITY-ST-ZIP **1010 BAL HARBOUR DR
 APOLLO BEACH FL 33572**

☒ Change ☐ Addition
 TITLE
 NAME **107 Nippino Trail W**
 STREET ADDRESS **Nokomis FL 34275**
 CITY-ST-ZIP

TITLE ☐ Delete
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 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:

Carol Koehl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-02 (941) 480-9038

Date

Daytime Phone #

CR2E034 (9/01)