FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Sep 11, 2002 8:00 am Secretary of State

1. Entity Na	JMENT # Po1000	0047749	09-11-2002 90103 017 ***150.00			
	KOHLER CAPITAL,	III, CORPOR	ATION			
1	DO NOT WRITE	E IN THIS S	SPACE	7		
	Place of Business	3. Mailing Address	216			
P.O. BOX 216 Suite, Apt. #, etc.		P.O. BOX 216 Suite, Apt. #, etc.				
		Juste, Apr. 11, Lie.		DO NOT WRITE IN THIS SPACE		
City & Sta		City & State KOHLER	T.I.T.	4. FEI Number	Applied For	
Zip	Country	Zip	Country	APPLIED FOR \$9.75	Not Applicable Additional	
5304	4 USA	53044	USA	5. Certificate of Status Desired Fee Rec		
i acumat y d			Name	7. Name and Address of Current Registered Agent		
	DO NOT W		Chai	les Holland		
		ing a series dear to	Street Addres	s (P.O, Box Number is Not Acceptable)		
*	IN THIS SE	'ACE	221	T .		
			231 City	Lexington Dr.	Code	
8. The above	named entity submits this statement to	or the purpose of changing	Dayt		2114	
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SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	OTE: Registered Agent signature requi	red when reins minn)		
9. This corporate for the state of the state	Signature, typed or printed name of registered agent or printed in the property of the second printed in the property of the p	January 1 - After Ma Amend	OTE: Registered Agent signature requirements of \$150.00 mg 1, Fee is \$550.00 mg 1, Fee is \$61.25 able to Department of Signature requirement of Signature requirement of Signature requirement of Signature requirements of Signat	10. Election Campaign Financing	5.00 May Be ided to Fees	
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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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an

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CHRISTOPHER WERNER 🗻

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-6-02 Date

Attachment 677883 # P01000047749

Kohler Capital III, Corporation

P.O. Box 216 Kohler, WI 53044 Tel: 920-207-0100

September 6, 2002

Division of Corporations
Uniform Business Report Filings P.O. Box 1500
Tallahassee, FL 32302-1500

RE: 2002 UBR

Attention:

In April of 2002 I submitted a completed UBR form for this company. It appears that you never received it, but did receive one for Kohler Capital I, Corporation. A gentlemen by the name of Tyrone in your office advised me to send this letter requesting the late fee to be waived. Enclosed herein is a completed UBR form and a check for \$150.

Sincerely,

Christopher Werner

President____