

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000047749

1. Entity Name  
KOHLER CAPITAL III, CORPORATION



Principal Place of Business  
PO BOX 216  
KOHLER WI 53044

Mailing Address  
PO BOX 216  
KOHLER WI 53044

03 JUN 25 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06/09/03 90171028 \$150.00

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 54-2048542		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country	Zip	Country	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			

6. Name and Address of Current Registered Agent

HOLLAND, CHARLES  
231 LEXINGTON DRIVE  
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. WERNER, CHRISTOPHER 2620 N 40TH STREET SHEBOYGAN WI 53083	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. GERARD WERNER P.O. Box 216 KOHLER WI 53044	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Gerard Werner* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERARD WERNER

4-22-03

Date

920-207-0100

Daytime Phone #

CR2E034 (10/02)

20822  
▼  
KOHLER

C A P I T A L M A N A G E M E N T

June 20, 2003

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Request to waive late fee

To whom it may concern:

On June 20<sup>th</sup> of 2003 I spoke to Michelle Milligan in your State offices who informed me that I should send this letter to Request to Waive the late fee for Kohler Capitals UBR. Our office had sent the UBR in April.

Thank you for your attention to this matter.

Respectfully yours,



Christopher Werner

CW/lrs