

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P01000053745

1. Entity Name  
KOHER BUSINESS SERVICES, INC.



FILED  
03 OCT -1 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
16210 BAYSIDE POINTE EAST, #1302  
FT MYERS FL 33908

Mailing Address  
16210 BAYSIDE POINTE EAST, #1302  
FT MYERS FL 33908

2. Principal Place of Business  
15151 Seabreeze Cove Cir  
Suite, Apt. #, etc.

3. Mailing Address  
15151 Seabreeze Cove Cir  
Suite, Apt. #, etc.

City & State  
Fort Myers, FL

City & State  
Fort Myers, FL

4. FEI Number 65-1119911

Applied For  
Not Applicable

Zip 33908 Country USA

Zip 33908 Country USA

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

KOHER, DONNA G  
16210 BAYSIDE POINTE EAST, #1302  
FT MYERS FL 33908

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

SIGNATURE Donna G Koher  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

09/29/03  
DATE

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
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 P  
NAME KOHER, DONNA G  
STREET ADDRESS 16210 BAYSIDE POINTE EAST, #1302  
CITY-ST-ZIP FT MYERS FL 33908 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
70002348574  
10/01/03--01038--003 \*\*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

Donna G Koher  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/29/03  
Date Daytime Phone #

CR2E034 (4/03)

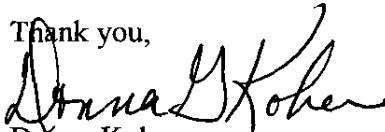
September 29, 2003

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

To-Whom It May Concern:

I am requesting the late fee be waived for this filing. It appears that I did not receive the original notice that the fees were due. I recently moved and apparently the notice was not forwarded. I have implemented procedures to assure that this will not happen in the future. Your help in this matter will be greatly appreciated.

Thank you,



Donna Koher

President  
Koher Business Services, Inc.  
65-1119911