

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 26, 2003 8:00 am
Secretary of State

06-09-2003 90117 029 ***150.00

DOCUMENT # P02000106929

1. Entity Name
KOHLER CAPITAL MANAGEMENT III, INC.



Principal Place of Business
P.O. BOX 216
KOHLER WI 53044

Mailing Address
P.O. BOX 216
KOHLER WI 53044

55049896

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ 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

MCENERNEY, DESSIE
1918 MANCHESTER CIRCLE
NAPLES FL 34109

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

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 **P** ☐ Delete
NAME **CHRISTOPHER WERNER**
STREET ADDRESS **2620 N. 40TH ST.**
CITY-STATE-ZIP **SHEBOYAN WI 53083**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

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:

SIGNATURE REQUIRED **CHRISTOPHER WERNER**

4-22-03

910-863-9910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (10/02)

Attachment

55049890

#D02000106929

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 20th 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