

2004 FOR PROFIT CORPORATION REINSTATEMENT

112

DOCUMENT # P03000148228

1. Entity Name
BILL KOLAR INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 26 PM 2:51

Principal Place of Business
**62 VALENCIA ST.
ST. AUGUSTINE, FL 32084**

Mailing Address
**62 VALENCIA ST.
ST. AUGUSTINE, FL 32084**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

10222004 REIN-P CR2E098 (6/04)

4. FEI Number
20-0478068

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PLACE, GARY
62 VALENCIA ST.
ST. AUGUSTINE, FL 32084**

7. Name and Address of New Registered Agent

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 **Gary Place** *Gary Place* **10-22-04**

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 January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOLAR, WILLIAM 62 VALENCIA ST. ST. AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	04/14/04 90014 035 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **William A. Kolar** *W. A. Kolar* **10-22-04** **904.448.3117**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/26
ad

6028 Chester Ave., Suite 206C
Jacksonville, FL 32217
Email: hubgregory@aol.com

W. H. (HUB) GREGORY
Tax Consultant

2/2
(904) 448-3117
Fax (904) 636-8160
Cell (904) 610-5145

October 22, 2004

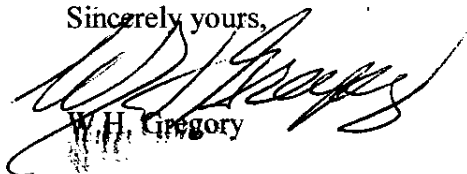
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

Dear Division of Corporations:

This is to request waiver of all fees relative to the Annual Report for Bill Kolar Inc. The report was timely filed in April 2004 with the \$150.00 fee. The FEI number was omitted from the form and was apparently returned for correction, however it was not received from the Post Office at the corporate address. An attempt was made to correct the error in September when we became aware of the fact that the corporation was not properly reported. Enclosed is 2004 For Profit Corporation Reinstatement.

Please contact the under signed if you have questions.

Sincerely yours,


W. H. Gregory