

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90155 030 \*\*\*150.00

**DOCUMENT # P30363**

1. Entity Name

KUEHL COMMODITIES, INC.



Principal Place of Business  
2743 GULF BREEZE PARKWAY  
GULF BREEZE FL 32561  
US

Mailing Address  
P.O. BOX 37  
GULF BREEZE FL 32562

2. Principal Place of Business

2743 GULF BREEZE PARKWAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GULF BREEZE, FL

City & State

4. FEI Number

48-0965913

Applied For

Not Applicable

Zip  
32563

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KUEHL, THOMAS F.  
2743 GULF BREEZE PKWY  
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

GULF BREEZE

FL

Zip Code  
32563

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          | TITLE  | NAME | STREET ADDRESS | CITY-ST-ZIP |
|-------|--------------------|-----------------------|----------------------|--|------|----------------|-------------|
| PTD   | KUEHL, THOMAS F.   | 2743 GULF BREEZE PKWY | GULF BREEZE FL 32561 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |             |
| VDS   | KUEHL, KATHLEEN C. | 2743 GULF BREEZE PKWY | GULF BREEZE FL 32561 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |             |
|       |                    |                       |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |      |                |             |
|       |                    |                       |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |      |                |             |
|       |                    |                       |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |      |                |             |
|       |                    |                       |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |      |                |             |
|       |                    |                       |                      | <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:

*Thomas F. Kuehl*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/03

850-932-6013

Daytime Phone #

CR2E034 (10/02)