UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2003 8:00 am
Secretary of State
05-20-2003 90067 015 ***150.00

1. DOCUMENT # P94000035386
Kohlman/Frank Associates, Inc.

Principal Place of Business: 1861 N. Federal Hwy, Hollywood, Fl. 33020
Mailing Address: 1626 Wilcox Ave #236 L.A., CA 90028

2. Principal Place of Business | 3. Mailing Address
Suite, Apt. #, etc. | Suite, Apt. #, etc.
City & State | City & State
Zip | Country | Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0493593 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Kohlman C. Lamont
1861 N. Federal Highway
#229
Hollywood, Fl. 33020

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)

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	PT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Kohlman C. Lamont #236	NAME	
STREET ADDRESS	1626 Wilcox Ave. LA, CA	STREET ADDRESS	
CITY-ST-ZIP	90028	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-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: C. LaMont Kohlman 5-16-03 323-464-0192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

Attorney - 80120386
14 P94000035386

5/16/03

On May 15, '03 I contacted your office and spoke with a Mario about not receiving a Uniform Business Report form for 2003. Mario checked the mailing address you had on file & noticed that it didn't have the unit number and complete address.

Mario told me to send in form from the computer with a check for $150.00 together with this letter letting you know the late reporting wasn't my fault.

I am enclosing my check for the $150.00.

Thank you

P. LaMont Hallman