## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P96000030733

## KOCH INVESTMENT SERVICES, INC.

Principal Place of Business 4700 SHERIDAN STREET BLDG. P

2. Principal Place of Business

JULITWOOD FL 33021

Mailing Address

3. Mailing Address

4700 SHERIDAN STREET BLDG. P HOLLYWOOD FL 33021-3416

**FILED** Mar 10, 2000 8:00 am **Secretary of State** 

03-10-2000 90030 033 \*\*\*150.00



DATE

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Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.  City & State		DO NOT WRITE IN THIS SPACE		
				4. FEI Number 65-0663952	Applied For Not Applicable	
Zip ·	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			•	7. Name and Address of New Registered Agent		
		1	Name			
KOCH, JEFFREY B 4700 SHERIDAN STREET BLDG. P			Street A	Street Address (P.O. Box Number is Not Acceptable)		
HOLLYWO	OOD FL 33021		Ì			
			City	FL	Zip Code	
The above name	d entity submits this statement	t for the purpose of cha	nging its registered office or	registered agent, or both, in the State of Florida.		

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition ☐ Change **PSD** Delete TITLE TITLE NAME KOCH, JEFFREY B STREET ADDRESS STREET ADDRESS 4700 SHERIDAN STREET BLDG. P CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change M Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 exacute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if like epoowered changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPE NTED NAME OF SIGNING OFFICER OR DIRECTOR