

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90248 002 ***150.00

DOCUMENT # P97000097758

1. Entity Name

Kolbe Development Corporation



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

60 Sarasota Center Blvd.

Suite, Apt. #, etc.

3. Mailing Address

60 Sarasota Center Blvd.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-0801825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Aaron Kolbe

Street Address (P.O. Box Number is Not Acceptable)
803 Bel Aire Star Parkway

City
Sarasota

FL

Zip Code
34240

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Joseph Kolbe 6303 Spyglass Bradenton, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Karen Kolbe 6303 Spyglass Bradenton, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Scott Kolbe 7672-39th St. Circle East Sarasota, FL 34243
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph R. Kolbe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034B (12/02)