## **2001 UNIFORM BUSINESS REPORT (UBR)**

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

SIGNATURE:

## Feb 06, 2001 8:00 am DOCUMENT # P98000079083 **Secretary of State** KUHLMAN & ASSOCIATES, INC. 02-06-2001 90237 013 \*\*\*150.00 Mailing Address Principal Place of Business 205 MONTGOMERY AVE 205 MONTGOMERY AVE 3 1 9 0 0 0 0 SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3530197 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-KUHLMAN, KAREN L Street Address (P.O. Box Number is Not Acceptable) 7509 52ND TERR. E. **BRADENTON FL 34203** City 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. SIGNATURE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete ☐ Addition CR2E034 (10/00) ☐ Change TITLE TITLE KUHLMAN, KAREN L NAME NAME STREET ADDRESS STREET ADDRESS 7509 52ND TERR. E. CITY-ST-ZIP CITY-ST-71P **BRADENTON FL 34203** ☐ Delete ☐ Addition ☐ Change TITLE TITLE NAME KUHLMAN, CHERYL NAME STREET ADDRESS STREET ADDRESS 6605 KANSAS ST. CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34281** TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition 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 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 11 or Block 12 if

A Tres. 131/01 94/-355-5931