

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90040 039 \*\*\*150.00

**DOCUMENT # P99000050917**

1. Entity Name  
**KOEHL, INC.**

Principal Place of Business

**812 POINCIANA ST.  
 ROCKLEDGE FL 32955**

Mailing Address

**812 POINCIANA ST.  
 ROCKLEDGE FL 32955**

2. Principal Place of Business

**466 STONEHENGE CIRCLE**  
 Suite, Apt. #, etc.

3. Mailing Address

**466 STONEHENGE CIRCLE**  
 Suite, Apt. #, etc.

City & State

**ROCKLEDGE, FL**

City & State

**ROCKLEDGE, FL**

Zip

**32955**

Country

**USA**

Zip

**32955**

Country

**USA**

4. FEI Number

**59-3582302**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**KOEHLER, AUDREY  
 812 POINCIANA ST.  
 ROCKLEDGE FL 32955**

7. Name and Address of New Registered Agent

Name

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

**466 STONEHENGE CIRCLE**

City

**ROCKLEDGE,**

**FL**

Zip Code

**32955**

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

*Audrey Koehler*

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

(NOTE: Registered Agent signature required when reinstating)

**4-30-01**

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	KOEHLER, STEPHEN M	
STREET ADDRESS	812 POINCIANA ST.	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KOEHLER, AUDREY W	
STREET ADDRESS	812 POINCIANA ST.	
CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>466 STONEHENGE CIRCLE</b>	
CITY-ST-ZIP	<b>ROCKLEDGE, FL 32955</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>466 STONEHENGE CIRCLE</b>	
CITY-ST-ZIP	<b>ROCKLEDGE, FL 32955</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/01**

Date

**321-433-1905**

Daytime Phone #

CR2E034 (10/00)

0084204