2002 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 09, 2002 8:00 am Secretary of State **DOCUMENT#** P99000050917 1. Entity Name 09-09-2002 90021 007 ***550.00 KOEH, INC. Principal Place of Business Mailing Address 466 STONE HENGE CIRCLE 466 STONE HENGE CIRCLE CILLIO ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3582302 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOEHLER, AUDREY Street Address (P.O. Box Number is Not Acceptable) **466 STONE HENGE CIRCLE** ROCKLEDGE FL 32955 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. 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change Addition NAME KOEHLER, STEPHEN M NAME STREET ADDRESS 466 STONEHENGE CIRCLE STREET ADDRESS CITY-ST-ZIP ROCKLEDGE FL 32955 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME KOEHLER, AUDREY W NAME STREET ADDRESS **466 STONEHENGE CIRCLE** STREET ADDRESS CITY-ST-ZIP **ROCKLEDGE FL 32955** CITY-ST-ZIP TITLE ☐ Delete ☐ 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 DILE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURI

STEPHEN

Change

☐ Addition

CR2E034 (4/02)