

2000 UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Sep 12, 2000 8:00 am
Secretary of State

08-22-2000 90219 026 ***150.00

DOCUMENT # P99000051139

1. Entity Name
CHARLES A. KOHLER, JR., INC.

Principal Place of Business
**2770 RAVINES ROAD
 MIDDLEBURG FL**

Mailing Address
**2770 RAVINES ROAD
 MIDDLEBURG FL**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2515 Crooked Creek

3. Mailing Address
2515 Crooked Creek

Suite, Apt. #, etc.

City & State
MIDDLEBURG FL

City & State
MIDDLEBURG FL

4. FSA Number
57-3581983

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip
32068

Country
USA

Zip
32068

Country
USA

6. Name and Address of Current Registered Agent
**KOHLER, CHARLES A JR
 2770 RAVINES ROAD
 MIDDLEBURG FL**

7. Name and Address of New Registered Agent
 Name
Charles A. Kohler Jr.
 Street Address (P.O. Box Number is Not Acceptable)
2515 Crooked Creek FL
 City
MIDDLEBURG FL Zip Code
32068

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 *Charles A. Kohler Jr.*
 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 tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOHLER, CHARLES A JR 2770 RAVINES ROAD 2515 Crooked Creek Point MIDDLEBURG FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Charles A. Kohler Jr.* **17 AUG 00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)