

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

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90013 042 ***150.00

DOCUMENT # 99900070368

1. Entity Name

Koala-T-Cars of Brevard Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1235 Clearlake Rd

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

54063559

DO NOT WRITE IN THIS SPACE

City & State

Cocoa FL

City & State

4. FEI Number

59-3593894

Applied For

Not Applicable

Zip

Country

Zip

Country

32922

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Christian Mahnke

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

1235 Clearlake Rd

City Cocoa

FL

Zip Code 32922

**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
Chns Mahnke
is officer and Directors
1235 Clearlake Rd
Cocoa FL 32922

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-04 321639-0022

Date

Daytime Phone #

CR2E034B (12/02)

Attachment

5404355-9
199000070368

To whom It may Concern:

The reason for this form being late is, we did not receive form in the mail and was not aware of applying on the internet

We have filled out the form and mailed to the address as shown

Thank you,
Christian Mahnke