FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P99000087117** 1. Entity Name KOHL OFFSHORE HOLDINGS LIMITED, INC. 04-26-2001 90123 039 ***150.00 Principal Place of Business Mailing Address 1011 PRINCESS LANE TOTE PRINCESS LANF VENICE FL 34293 VENICE FL 34293 2. Principal Place of Business 343 SUMMILLOCK BUD. 3. Mailing Address 743 SHOMMUCK BUND Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1015490 Not Applicable Zip Country 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 Name KORZILIUS, ERIK V Street Address (P.O. Box Number is Not Acceptable) -10+1-PRINCESS LANE VENICE FL 34293 BUD SUDMINICKL 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 ERIL V. KORZILIUS 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. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PDS TITLE Delete TITLE Change Addition NAME KORZILIUS, BRUCE P NAMS STREET ADDRESS 1011 PRINCESS LANE 743 SNOMPECK BUYO. STREET ADDRESS CHTY-ST-ZIP VENICE FL 34293 CHY-SI-ZIP ☐ Delete T'T.E **≭**] Change Addition KORZILIUS, ERIK V NAME STREET ADDRESS 743 SUMMOCK BLUD. 1011 PRINCESS LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 T!TLE ☐ Dalete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-SI-78P 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 logal effect as if made under eath; 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 office like empowered. changed, or on an attachment with an address,