

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V54154

1. Entity Name

DONALD P. KOHL, P.A.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90023 041 ***150.00

Principal Place of Business

2315 SOUTH CONGRESS AVE.
 WEST PALM BEACH FL 33406

Mailing Address

2315 SOUTH CONGRESS AVE.
 WEST PALM BEACH FL 33406-7607

2. Principal Place of Business

DONALD P. KOHL, P.A.

3. Mailing Address

Suite, **2324 S. Congress Ave., Suite 2A**
West Palm Beach, FL 33406

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

U.S.A.

Zip

Country

Palm Beach

4. FEI Number

65-0346310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOHL, DONALD P.
~~2315 SOUTH CONGRESS AVE.~~
 WEST PALM BEACH FL 33406

new add.
 →

Name

DONALD P. KOHL, P.A.

Street Address (For Box Number is Not Acceptable)

2324 S. Congress Ave., Suite 2A
West Palm Beach, FL 33406

City

FL

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.

SIGNATURE

Donald P. Kohl
 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 \$150.00
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KOHL, DONALD P.	
STREET ADDRESS	200 OHIO RD.	<i>new add</i> →
CITY-ST-ZIP	LAKE WORTH FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD P. KOHL, P.A.	
STREET ADDRESS	2324 S. Congress Ave., Suite 2A	
CITY-ST-ZIP	West Palm Beach, FL 33406	
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		
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:

Donald P. Kohl
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-00

561-968-1600

CR2E034 (9/99)