

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003331

1. Entity Name
KAHLER SLATER ARCHITECTS, INC.

Principal Place of Business
611 E. WISCONSIN AVE.
MILWAUKEE WI 53202

Mailing Address
611 E. WISCONSIN AVE.
MILWAUKEE WI 53202

2. Principal Place of Business
111 W. WISCONSIN AVE.
Suite, Apt. #, etc.

3. Mailing Address
111 W. WISCONSIN AVE.
Suite, Apt. #, etc.

City & State
Milwaukee, WI
Zip
53203
Country
USA

City & State
Milwaukee WI
Zip
53203
Country
USA

4. FEI Number 39-1099621

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

F&L CORP.
C/O FOLEY & LARDNER, 200 LAURA ST.
JACKSONVILLE FL 32202-3510

7. Name and Address of New Registered Agent

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

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 12, 2001 Fee 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP KAHLER, DAVID 611 E. WISCONSIN AVE. MILWAUKEE WI 53202	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST MERYER, GEORGE C 611 E. WISCONSIN AVE. MILWAUKEE WI 53202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RASCHKE, JAMES 611 E. WISCONSIN AVE. MILWAUKEE WI 53202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MORIN, JILL 611 E. WISCONSIN AVE. MILWAUKEE WI 53202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3EOSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3EOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90010 040 ***550.00



DO NOT WRITE IN THIS SPACE

0138039 AB

CR2E034 (5/01)

SEPT. 11, 2001 (414) 290-3709