

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S22889

FILED  
Mar 18, 2002 8:00 AM  
Secretary of State

Entity Name: KAROBY, INC.

**Current Principal Place of Business:**

500 S PALAFOX ST  
PENSACOLA, FL 325015959

**New Principal Place of Business:**

**Current Mailing Address:**

500 S PALAFOX  
PENSACOLA, FL 325015959

**New Mailing Address:**

FEI Number: 59-3042774

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SUSKIND, KARYN S  
500 S. PALAFOX ST.  
PENSACOLA, FL 32501 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: SUSKIND, KARYN S  
Address: 2873 WHISPER LAKE DRIVE  
City-St-Zip: GULF BREEZE, FL

Title: V ( ) Delete  
Name: MCWHORTER, M JOHN  
Address: 911 BROOKSIDE CT  
City-St-Zip: PENSACOLA, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PTD (X) Change ( ) Addition  
Name: SUSKIND, KARYN S  
Address: 2873 WHISPER LAKE DRIVE  
City-St-Zip: GULF BREEZE, FL 32563

Title: V (X) Change ( ) Addition  
Name: MCWHORTER, M JOHN  
Address: 911 BROOKSIDE CT  
City-St-Zip: PENSACOLA, FL 32503

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARYN S. SUSKIND

PRES

03/18/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date