

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 498598

1. Entity Name

KARI SERVICES, INC.

FILED

01 APR -2 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5402 BEAUMONT CENTER BLVD.
SUITE 102
TAMPA, FLORIDA 33634

Mailing Address
5402 BEAUMONT CENTER BLVD.
SUITE 102
TAMPA, FLORIDA 33634

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

04/02/01 90338 001 300.00

4. FEI Number

Applied For

36-2862256

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

HEUER, MARTIN
5402 BEAUMONT CENTER BLVD. STE. 102
TAMPA, FLORIDA 33634

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 \$150.00
After MAY 1, 2001 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	SVD	☐ Delete
NAME	HEUER, RITA M.	
STREET ADDRESS	5402 BEAUMONT CENTER BLVD. STE. 102	
CITY-ST-ZIP	TAMPA, FLORIDA 33634	
TITLE	EDT	☐ Delete
NAME	HEUER, MARTIN	
STREET ADDRESS	5402 BEAUMONT CENTER BLVD. STE. 102	
CITY-ST-ZIP	TAMPA, FLORIDA 33634	
TITLE	D	☐ Delete
NAME	VAN VORIS, JOHN I.	
STREET ADDRESS	201 N. FRANKLIN ST. 22ND FLOOR	
CITY-ST-ZIP	TAMPA, FLORIDA 33602	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

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:

Martin Heuer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARTIN HEUER

3-01-01

Date

813-884-0555

Daytime Phone #