

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002624

1. Entity Name

KARP DEVELOPMENT COMPANY, INC.

Principal Place of Business

130 SUNRISE AVE
514 W
PALM BEACH FL 33480
US

Mailing Address

130 SUNRISE AVE
514 W
PALM BEACH FL 33480
US

2. Principal Place of Business

44 COCONUT Row

3. Mailing Address

44 COCONUT Row

Suite, Apt. #, etc.

118B

City & State

PALM BEACH FL

PALM BEACH FL

Zip

33480

Zip

PALM BEACH

Country

33480

Country

PALM BEACH

6. Name and Address of Current Registered Agent

KARP, RICHARD M
130 SUNRISE AVE
#514 W
HIGHLAND BEACH FL 33487

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 \$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 P
NAME KARP, JANE
STREET ADDRESS 130 SUNRISE AVE., #514W
CITY-ST-ZIP PALM BEACH FL 33480

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

44 COCONUT Row
PALM BEACH FL 33480

Change Addition

TITLE EVP
NAME KARP, RICHARD
STREET ADDRESS 130 SUNRISE AVE., #514 W
CITY-ST-ZIP PALM BEACH FL 33480

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

44 COCONUT Row
PALM BEACH FL 33480

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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STREET ADDRESS
CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

Jane Karp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90113 001 ***150.00

0009611



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)