

2001 UNIFORM BUSINESS REPORT (UBR)

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

04-18-2001 90007 006 ***158.75

DOCUMENT # **F98846**

1. Entity Name
24 KARAT PROPERTIES, INCORPORATED

No Business Conduct. Keep.

Principal Place of Business Mailing Address
~~1503 NOTTINGHAM DR~~
~~WINTER PARK FL 32792~~
1503 NOTTINGHAM DR
WINTER PARK FL 32793
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2544 Tansboro Dr
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Deltona, Fl.
 City & State City & State
32725

4. FEI Number **59-2231031** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SAUNDERS, SHIRLEY
~~1503 NOTTINGHAM DR~~
~~WINTER PARK FL 32792~~

7. Name and Address of New Registered Agent
 Name **SAUNDERS Shirley**
 Street Address (P.O. Box Number is Not Acceptable)
2544 Tansboro Dr
Deltona
 City **FL 32725**

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 *Shirley Saunders* DATE **4/10/01**
Signature, typed or printed name of registered agent, and file if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back.)
No Business
FILE NOW!!! FEE IS \$150.00 + 8.75
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DST SAUNDERS, REGINAL S. 1503 NOTTINGHAM DR WINTER PARK FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PD SAUNDERS, SHIRLEY D 1503 NOTTINGHAM DR WINTER PARK FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DST SAUNDERS, Reginal S 2544 Tansboro Dr. Deltona, Fl. 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD SAUNDERS, Shirley D. 2544 Tansboro Dr. Deltona, Fl. 32725
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
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: *Shirley Saunders* DATE **4/10/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Shirley Saunders

CR2E034 (10/00)