

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90118 004 ***150.00

DOCUMENT # G01512
 1. Entity Name
KARLSSON TOOL, INC.

Principal Place of Business 1514 NW 3RD ST 1563 NW 3RD STREET DEERFIELD BEACH FL 33442	Mailing Address 1514 NW 3RD ST 1563 NW 3RD STREET DEERFIELD BEACH FL 33442-1645
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2227641	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WARREN, JOHN G.
1514 NW 3RD ST
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 JOHN G. WARREN (Signature, typed or printed name of registered agent and title if applicable)
 Signature of Registered Agent: JG Warren (NOTE: Registered Agent signature required when reinstating)
 DATE: 1. 13. 2000

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	WARREN, SHEILA	
STREET ADDRESS	65 NE 11TH WAY	
CITY-ST-ZIP	DEERFIELD BCH. FL 33441	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WARREN, SHELIA B.	
STREET ADDRESS	65 NE 11TH WAY	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WARREN, JOHN G	
STREET ADDRESS	65 N3 11TH WAY	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: JOHN G. WARREN VP (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
 Date: 1. 13. 2000
 Daytime Phone #: 954 428 6998

CR2E034 (9/99)