

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Jan 28, 2003 8:00 am**  
**Secretary of State**

NA17036 AV

01-28-2003 90071 013 \*\*\*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**



2. Principal Place of Business  
**1514, N.W. 3rd STREET**

3. Mailing Address  
**1515, N.W. 3rd STREET.**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**DEERFIELD BCH**

City & State  
**DEERFIELD BCH.**

Zip  
**33442**

Country  
**BROWARD**

Zip  
**33442**

Country  
**BROWARD**

4. FEI Number  
**59-2227641**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WARREN, JOHN G.  
1514 NW 3RD ST  
DEERFIELD BEACH FL 33442**

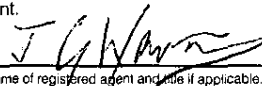
**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>WARREN, SHEILA</b>	
STREET ADDRESS <b>65 NE 11TH WAY</b>	
CITY-ST-ZIP <b>DEERFIELD BCH. FL 33441</b>	
TITLE <b>SD</b>	<input type="checkbox"/> Delete
NAME <b>WARREN, SHELIA B.</b>	
STREET ADDRESS <b>65 NE 11TH WAY</b>	
CITY-ST-ZIP <b>DEERFIELD BCH. FL</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>WARREN, JOHN G</b>	
STREET ADDRESS <b>85 N3 11TH WAY</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH FL 33441</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. 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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOHN G WARREN.** 954 426 6461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/25/03** Daytime Phone #

CR2E034 (10/02)