

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90211 035 \*\*\*150.00

**DOCUMENT # H17771**

1. Entity Name  
**KARP AND KARP, P.A.**

Principal Place of Business <del>630 S. ORANGE AVE</del> <del>SUITE 200</del> <del>SARASOTA FL 34236</del>	Mailing Address <del>630 S. ORANGE AVE</del> <del>SUITE 200</del> <del>SARASOTA FL 34236</del>
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2. Principal Place of Business <b>P.O. Box 913</b>	3. Mailing Address <b>P.O. Box 913</b>
Suite, Apt. #, etc. <b>OSPREY</b>	Suite, Apt. #, etc.
City & State <b>FLORIDA</b>	City & State <b>OSPREY, FLORIDA</b>
Zip <b>34229</b>	Country <b>U.S.A.</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2440703</b>	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 <b>KARP, MICHAEL R.</b> <del>630 S. ORANGE AVE</del> <del>SUITE 200</del> <del>SARASOTA FL 34236</del>	7. Name and Address of New Registered Agent Name <b>MICHAEL R KARP</b> Street Address (P.O. Box Number is Not Acceptable) <b>427 E. MACEWEN DR.</b> City <b>OSPREY</b> FL Zip Code <b>34229</b>
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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: (NOTE: Registered Agent signature required when reinstalling) DATE: **2/1/01**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>MELISSA KARP-ELSBREE</b> <del>630 S. ORANGE AVE</del> <b>P.O. Box 913</b> <del>SARASOTA FL</del> <b>OSPREY, FLA. 34229</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KARP, MICHAEL R</b> <del>630 S. ORANGE AVE</del> <b>P.O. Box 913</b> <del>SARASOTA FL</del> <b>OSPREY, FLA. 34229</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: DATE: **2/1/01** DAYTIME PHONE #: **941-366-9110**

UN12101

CR2E034 (10/00)