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CR2E034 (9/01

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2002 8:00 am H17771 DOCUMENT # **Secretary of State** 1. Entity Name 02-20-2002 90179 024 ***150.00 KARP AND KARP, P.A. Principal Place of Business Mailing Address P O BOX 913 P O BOX 913 OSPREY FL 34229 OSPREY FL 34229 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2440703 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KARP, MICHAEL R. Street Address (P.O. Box Number is Not Acceptable) 427 E MACEWEN DRIVE OSPREY FL 34229 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete ☐ Addition TITLE TITLE ☐ Change MELISSA KARP-ELSBREE NAME NAME STREET ADDRESS P O BOX 913 STREET ADDRESS OSPREY FL 34229 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE KARP, MICHAEL R NAME NAME STREET ADDRESS P O BOX 913 STREET ADDRESS CITY-ST-7IP OSPREY FL 34229 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of 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

SIGNATURE:

changed, or on ar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

941-966*-*299

Date