2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED **DOCUMENT # K68800** Feb 22, 2000 8:00 am 1. Entity Name **Secretary of State** 14 KARAT ENTERPRISES, INC. 02-22-2000 90027 018 \*\*\*150.00 Principal Place of Business Mailing Address 13130 56TH CT. SUITE 606 13130 56TH CT. SUITE 606 CLEARWATER FL 34620 CLEARWATER FL 33732-5158 3. Mailing Address 2. Principal Place of Business 22128 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 65-0099993 ST. PETERSBURG FLORINA **ETERSBURG** ΛΟΣΝΩ Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3373Z-**5**158 33732-5158 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOOD, STEVE C. Street Address (P.O. Box Number is Not Acceptable) 13130 56TH CT. SUITE 606 **CLEARWATER FL 34620** Zip Code 703 atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits #1 SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10, Election Campaign Financing \$5.00. May Be Tax tiling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE .... .PD". ∵~ TITLE Change Addition · 🔲 Delete 🖰 CARNEAL, J.T. NAME NAME STREET ADORESS STREET ADDRESS 5100 REIDLAND RD. CITY-ST-ZIP CITY-ST-ZIP PADUCAH KY **VPD** Change ☐ Addition ☐ Delete TITLE WOOD, STEVE C. 1480 20 THE AUG NE NAME NAME STREET ADDRESS 1400 GANDY BLVD., #1306 STREET ADDRESS CITY-ST-ZIP CITY-ST-719 ST PETERSBURG FL - PETERIUDUAL Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition 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-ZIP CITY-81-ZIP 13. I hereby certify that the information supplied with this filing does not qualify to the exemption stated in Section 119.07(3)(1). 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with all of

PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR