

2001 UNIFORM BUSINESS REPORT (UBR)

0026491 AF

DOCUMENT # L00000000612

1. Entity Name
KARP MANAGEMENT & CONSULTING, LLC

FILED

01 FEB -7 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

~~C/O ROBERT J. BLACKWELL~~
~~333 EISENHOWER PARKWAY~~
~~LIVINGSTON NJ 07039-1722~~

Mailing Address

C/O ROBERT J. BLACKWELL
333 EISENHOWER PARKWAY
LIVINGSTON NJ 07039-1722

2. Principal Place of Business

721 US HWY 1

Suite, Apt. #, etc.

SUITE 104

City & State

N. PALM BEACH FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip
33408

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name
RICHARD L. KARP.
Street Address (P.O. Box Number is Not Acceptable)
721 US HWY 1
SUITE 104
City
N. PALM BEACH FL Zip Code
33408

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 *Richard L. Karp* RICHARD L. KARP. MANAGING MEMBER 2/1/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
RICHARD L. KARP
721 US HWY 1 SUITE 104
N. PALM BEACH, FL. 33408

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
ROBERT J. BLACKWELL
333 EISENHOWER PKWY
LIVINGSTON NJ 07039

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100003675861--2
-02/13/01--01023--005
*****50.00 *****50.00
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company for the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE *Richard L. Karp* RICHARD L. KARP. MANAGING MEMBER 2/1/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)