

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90084 023 \*\*\*150.00

**DOCUMENT # M66425**

1. Entity Name  
**KARP ENTERPRISES, INC.**

Principal Place of Business  
**1999 UNIVERSITY DR**  
**STE 213**  
**CORAL SPRINGS FL 33071**  
**US**

Mailing Address  
**1999 UNIVERSITY DR**  
**STE 213**  
**CORAL SPRINGS FL 33071**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**16056 Brier Creek DR**

3. Mailing Address

**16056 Brier Creek DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Delray Beach**

City & State

**Delray Beach**

4. FEI Number

**22-2348718**

Applied For

Not Applicable

Zip

**33446**

Country

**FLA Bch**

Zip

**33446**

Country

**FLA Bch**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KARP, THOMAS L**  
**1999 UNIVERSITY DR**  
**STE 213**  
**CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name **SAME - KARP, THOMAS L.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**16056 Brier Creek DR**  
 City **Delray Beach** FL Zip Code **33446**

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)

DATE

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, 2002 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

TITLE **PD** ☐ Delete  
 NAME **KARP, THOMAS L.**  
 STREET ADDRESS **1999 UNIVERSITY DR**  
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **VD** ☐ Delete  
 NAME **KARP, ARLENE**  
 STREET ADDRESS **1999 UNIVERSITY DR**  
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **16056 Brier Creek DR.**  
 CITY-ST-ZIP **Delray Beach FL 33446**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **16056 Brier Creek DR**  
 CITY-ST-ZIP **Delray Beach FL 33446**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 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:

**Thomas L. Karp**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/02 561 637-1700**  
 Date Daytime Phone #

CR2E034 (9/01)