

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90493 005 \*\*\*150.00

**DOCUMENT # P00000019299**

1. Entity Name  
**KAREN B. LOPEZ, P.A.**



Principal Place of Business  
**150 2ND AVE NORTH  
SUITE 1500  
ST. PETERSBURG FL 33701**

Mailing Address  
**150 2ND AVE NORTH  
SUITE 1500  
ST. PETERSBURG FL 33701**



2. Principal Place of Business  
**150 2nd Ave North**

3. Mailing Address  
**150 2nd Ave N**

Suite, Apt. #, etc.  
**Suite 470**

Suite, Apt. #, etc.  
**Suite 470**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**St. Petersburg Fl**

City & State  
**St. Petersburg Fl**

4. FEI Number **59-3645283**

Applied For  
Not Applicable

Zip  
**33701**

Country  
**Pinellas**

Zip  
**33701**

Country  
**Pinellas**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**LOPEZ, KAREN  
150 2ND AVE NORTH  
SUITE 1500  
ST. PETERSBURG FL 33701**

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Karen Lopez*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/8/03**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **PRES** ☐ Delete  
NAME **LOPEZ, KAREN B**  
STREET ADDRESS **150 2ND AVE NORTH SUITE 1500**  
CITY-ST-ZIP **ST PETERSBURG FL 33701**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Karen Lopez* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/03 727-896-3344**  
Date Daytime Phone #

CR2E034 (10/02)