

DOCUMENT # P00000041350

1. Entity Name

KAREN TURNER, P.A.

Jun 06, 2001 8:00 am
Secretary of State

06-06-2001 90006 050 ***150.00

Principal Place of Business 550 BAYSHORE DRIVE, SUITE 503 FT. LAUDERDALE FL 33304	Mailing Address 550 BAYSHORE DRIVE, SUITE 503 FT. LAUDERDALE FL 33304
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 65-1004690	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, KAREN
550 BAYSHORE DRIVE, SUITE 503
FT. LAUDERDALE FL 33304

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOT)

Registered Agent signature required when reinstating.

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, 2001 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 NAME STREET ADDRESS CITY-STATE-ZIP	PSD TURNER, KAREN 550 BAYSHORE DRIVE, SUITE 503 FT. LAUDERDALE FL 33304	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Karen Turner 3/26/01 (654) 564-2941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

KAREN A TURNER
550 BAYSHORE DRIVE 503
FT. LAUDERDALE, FL 33304
T656 501 53 767 0

CAP First

Asset Management Account

1536

Date 5/31/01

63-2/630
BRANCH 03406Pay to the
Order of

DEPARTMENT OF STATE \$150.00

One Hundred Fifty Dollars

Look for: Micro Print signature line, blue background with CAP First logo, First Union logo on back. If not present, do not cash.

FIRST UNION
First Union National Bank
firstunion.com
Org. 003, R/T 063000021

For FEI # 65-1004690

⑆063000021⑆ 9983361980⑆

1536

CPRE034 (10/00)