

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000053092

1. Entity Name

KAREN FORBERG, MSW, P.A.

LCSW, P.A.

Not  
Filed  
(initials)

Principal Place of Business

~~1112 GOODLETTE ROAD NORTH~~

~~SUITE 203~~

NAPLES FL 34102

Mailing Address

~~1112 GOODLETTE ROAD NORTH~~

~~SUITE 203~~

NAPLES FL 34102

2. Principal Place of Business

5020 N. Tamiami Trail

Suite, Apt. #, etc.

200

City & State

Naples, FL

Zip

34103

Country

3. Mailing Address

5020 N. Tamiami Trail

Suite, Apt. #, etc.

200

City & State

Naples, FL

Zip

34103

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3648869 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

CHEFFY, JANE YEAGER  
2375 TAMAMI TRAIL NORTH  
SUITE 310  
NAPLES FL 34103

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.

(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 D  
NAME FORBERG, KAREN  
STREET ADDRESS ~~1112 GOODLETTE ROAD NORTH, STE. 203~~  
CITY-ST-ZIP NAPLES FL 34102  
OLD ADDRESS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME KAREN FORBERG, LCSW, P.A.  
STREET ADDRESS 250 1st Avenue No.  
CITY-ST-ZIP Naples, FL 34102

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
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:

Karen Forberg, LCSW PA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/02 (239) 434-2929

CR2E034 (9/01)