

9/18/01-90003-039-\$550.00-\$550.00

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000082506**

1. Entity Name

**KARNIG AND ASSOCIATES, INC.**

Principal Place of Business

**12613 CLENDENNING DR  
TAMPA FL 33624**

Mailing Address

**12613 CLENDENNING DR  
TAMPA FL 33624**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

6. Name and Address of Current Registered Agent

**KARNIG, KENNETH J  
12613 CLENDENNING DR  
TAMPA FL 33624**

4. FEI Number

**59-3669371**

Applied For

Not Applicable

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

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

**Kenneth J. KARNIG**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**9/1/01**9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so. ☐**FILE NOW!!! FEE IS \$550.00  
After September 12, 2001 Fee will be \$750.00  
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-ST-ZIP  
**President-  
Hazel C. KARNIG  
Same as above**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**v.p. & Asst. Sec.  
Kenneth J. KARNIG  
Same as above**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Secretary  
Vanessa-Li KARNIG  
Same as above**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
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CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
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)(f), 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 807, 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:

**Kenneth J. KARNIG, Dia. 8/19/01 813.968.8210**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

01 SEP 26 PM 12:53



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)