

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**  
 04-30-2002 90156 039 \*\*\*150.00

0324182 AV

<b>DOCUMENT # P00000112664</b>			
1. Entity Name <b>KAREN YOUNG TODD, P.A.</b>			
Principal Place of Business <b>1601 SE 16TH ST FT LAUDERDALE FL 33316</b>		Mailing Address <b>1601 SE 16TH ST FT LAUDERDALE FL 33316</b>	
2. Principal Place of Business <b>6125 NW 53 CIRCLE</b>		3. Mailing Address <b>6125 NW 53 CIRCLE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>CORAL SPRINGS FL</b>		City & State <b>CORAL SPRINGS FL</b>	
Zip <b>33067</b>	Country <b>BROWARD</b>	Zip <b>33067</b>	Country <b>BROWARD</b>
6. Name and Address of Current Registered Agent <b>YOUNG TODD, KAREN 1601 SE 16TH ST FT LAUDERDALE FL 33316</b>		7. Name and Address of New Registered Agent Name <b>KAREN YOUNG TODD</b> Street Address (P.O. Box Number is Not Acceptable) <b>6125 N.W. 53 CIRCLE</b> City <b>CORAL SPRINGS</b> <b>FL</b> Zip Code <b>33067</b>	



DO NOT WRITE IN THIS SPACE

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D YOUNG TODD, KAREN 1601 SE 16TH ST FT LAUDERDALE FL 33316</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6125 NW 53 CIRCLE CORAL SPRINGS, FL 33067</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 Young Todd* **4-19-2002 (954) 345-0117**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)