

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115161

1. Entity Name

KARNS ENTERPRISES, INC.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90243 033 \*\*\*150.00

Principal Place of Business

4321 NE 16TH AVENUE  
OAKLAND PARK FL 33334

Mailing Address

4321 NE 16TH AVENUE  
OAKLAND PARK FL 33334

2. Principal Place of Business

45 SE 5th COURT

3. Mailing Address

45 SE 5th COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

Pompano Beach, FL

Zip

Country

33060

USA

Zip

Country

33060

USA

4. FEI Number

65-1065509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KARNS, DOREEN  
4321 NE 16TH AVENUE  
OAKLAND PARK FL 33334

Name

Street Address (P.O. Box Number is Not Acceptable)

45 SE 5th COURT

City

Pompano Beach

FL

Zip Code

33060

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

*Doreen G. Karns*

4/20/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KARNS, DOREEN  
CITY-ST-ZIP 4321 NE 16TH AVENUE  
OAKLAND PARK FL 33334

TITLE ☒ Change ☐ Addition  
NAME KARNS, DOREEN  
STREET ADDRESS 45 SE 5th COURT  
CITY-ST-ZIP Pompano Beach, FL 33060

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Doreen G. Karns* Doreen KARNS

4/20/01 954-410-9697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)