

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91878 041 ***150.00

DOCUMENT # *P01000034486*

1. Entity Name

Karp Construction Inc.



DO NOT WRITE IN THIS SPACE

90128860

2. Principal Place of Business

7921 Center

3. Mailing Address

7921 Center

Suite, Apt. #, etc.

Venture Way #1201

Suite, Apt. #, etc.

Venture Way #1201

City & State

Boynton Beach

City & State

Boynton Beach

Zip

33437

Country

33437

Zip

33437

Country

33437

4. FF Number

65-0880023

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Tax Accounting

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

*8428 W. Oakland Park
Blvd*

City

Surprise, FL

FL

Zip Code

33551

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*PRESIDENT
GRANT PATRICK
7921 Center Venture Way
Boynton Beach, FL 33437*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick Grant

Date

Daytime Phone #

4/08/03