

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

DOCUMENT # P01000063637

1. Entity Name

Karsten Enterprises-FL, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3715 East 15th Street

Suite, Apt. #, etc.

3. Mailing Address

P. O. Drawer 1405

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

Country

32404

USA

City & State

Dothan, AL

Zip

Country

36302

USA

4. FEI Number

59-3727744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Carl T. Barnes

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

555 Star Avenue

City

Panama City

FL

Zip Code

32404

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, or both, if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/08/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	President/Vice-President Joseph R. Copeland 39 Hampton Way Dothan, AL 36305
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Secretary/Treasurer Carl T. Barnes 555 Star Avenue Panama City, FL 32404
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700009117957
11/20/02--01082--004 **150.00

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/08/02 850-814-5224

Date

Daytime Phone

FILED

02 NOV 12 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

Karsten Enterprises, Inc.

2701 West Main Street • Post Office Drawer 1405
Dothan, Alabama 36302

Phone: (334) 794-8700 • Fax: (334) 673-7132



2092

November 8, 2002

Division of Corporations
Florida Department of State
409 East Gaines Street
Tallahassee, Florida 32399

Dear Sir or Madam:

Enclosed you will find a completed Uniform Business Report for Karsten Enterprises-FL, Inc. We respectfully request the late penalty be waived since notification to file was never received or forwarded to our new address. We were made aware today by one of our lenders that we were not in the system as being registered with the state. We have enclosed our check in the amount of \$150.00 for the regular filing fee, and ask that the penalty be waived. Thank you, and should you have any questions, please call.

Sincerely,



Marie C. Johnson
Administrative Assistant

Encls.