

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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AT

DOCUMENT # P01000063637

1. Entity Name  
KARSTEN ENTERPRISES-FL, INC.



03 SEP 11 PM 6:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

Principal Place of Business  
3715 EAST 15TH STREET  
PANAMA CITY FL 32404

Mailing Address  
POST OFFICE DRAWER 1405  
DOTHAN AL 32404

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08/20/03 90048 041 \$61.25

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3727744

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

BARNES, CARL T  
555 STAR AVENUE  
PANAMA CITY FL 32404

Name  
MELANIE F. BURKEY

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

800 JOAN LANE

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

SIGNATURE *Melanie F. Burkey*  
Signature, typed or printed name of registered agent and title if applicable

MELANIE F. BURKEY

8/4/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PVP  
COPELAND, JOSEPH R  
39 HAMPTON WAY  
DOTHAN AL 36305 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
BARNES, CARL T  
555 STAR AVENUE  
PANAMA CITY FL 32404 ☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *JOSEPH R. COPELAND* JOSEPH R. COPELAND, PRESIDENT 8/4/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)