

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90280 012 ***150.00

DOCUMENT # P01000069982

1. Entity Name

KARMA & COMPANY PAINTBALL PARK, INC.

Principal Place of Business

**4875 NORTH U.S. 1
 FORT PIERCE FL 34950**

Mailing Address

**4875 NORTH U.S. 1
 FORT PIERCE FL 34950**

2. Principal Place of Business

3. Mailing Address

10548 So. US 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

4. FEI Number

94-3403620

Applied For

Not Applicable

Zip

Country

Zip

Country

34952 St. Lucie

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

**STANTON, A.J. III
 37 NORTH ORANGE AVE.
 210
 ORLANDO FL 32801**

Name

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

City

FL

Zip Code

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 **PS** ☒ Delete
 NAME **OLSON, JAMES N**
 STREET ADDRESS **4875 NORTH U.S. 1**
 CITY-ST-ZIP **FORT PIERCE FL 34950**

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

TITLE **VT** ☐ Delete
 NAME **DURANTE, JIMMY**
 STREET ADDRESS **4875 NORTH US 1**
 CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE **PS** ☒ Change ☐ Addition
 NAME **JAMES DURANTE**
 STREET ADDRESS **4875 N. US 1**
 CITY-ST-ZIP **FORT PIERCE, FL. 34950**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-12-02

561-337-0060

CR2E034 (9/01)