FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90721 025 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000011994

1. Entity Name: KARB, INC.

90119326

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18290 PAULSON DRIVE	5360 CAMBAY STREET
Suite, Apt #, etc.: UNIT A-1	Suite, Apt #, etc.:
City & State: PORT CHARLOTTE, FL	City & State: NORTH PORT, FL
Zip: 33954 Country: CHARLOTTE	Zip: 34287 Country: SARASOTA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 55-0813907 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: MIKE PETTIT
Street Address (P.O. Box Number is Not Acceptable): 5360 CAMBAY STREET
City: NORTH PORT FL Zip Code: 34287

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 ______________________ 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	PRESIDENT
NAME	MIKE PETTIT
STREET ADDRESS	5360 CAMBAY STREET
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	SECRETARY-TREASURER
NAME	ALICIA PETTIT
STREET ADDRESS	5360 CAMBAY STREET
CITY-ST-ZIP	NORTH PORT, FL 34287
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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: MIKE PETTIT 4-29-2003 941-629-5756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034E (12/02)