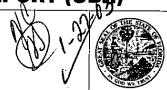
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBB)

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000031451

1. Entity Name

KAREN D. ARLICK, P.A.



FILED Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90138 039 ***150.00

000034111

u	v	v	U	U	T	1	I	

			The server of th	通过 。作者で	到什么							
Principal Place of Business Address Mailing Address												
10641 Crescendo Loop 717 E. 0				ak Street								
Suite, Apt.		.	Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE				
City & Stat	e		City & State			4. F	El Number			Applied For		
Clermon	nt, FL		Kissimmee	Kissimmee, FL				0405944		Not Applicable		
Zip		Country	Zip	Countr	ry				\$8	.75 Additional		
34711		USA	34744	US.	A) 5 . C	ertificate of Status I	Desired L		Required		
a and to hattle	t man a feet a skilled or	A SHE WAS TO THE SHE	Bendand (1971) ber betygen den ander die 1971 in der Alberta Die 19 Der der der Salt Bender betreit der General West begetet bei	British Carlo		7. Na	me and Address of	Current Register	red Ag	jent		
Note that the				Silhalish " Andis	Name	77						
新·通加 4 至 7	D	O NOT	NRITE		Dt	Harry J	. Swart, C	PA				
			The state of the s		Street A	717 E.	ox Number is Not Ac Oak Street	cceptable)				
; V-	11	V THIS S	PACE									
Na Nej 🕠				L						-		
by service	Section 1				City	Kissimm	ee	F	L	Zip Code 34744		
8. The above	named entity	submits this statemer	it for the purpose of changing i	ts registered	d office or			ate of Florida I am	o famili	ior with and appear		
the obligat	ions of registe	ered agent.			3 011100 01	rogidiored ago	and, or boar, in the d	ate of Florida, Fall	нашш	ar with, and accept		
-												
SIGNATURE .												
ander of the second of the second		or printed name of registered ag	gent and title if applicable. (NC	DTE: Registered	Agent signatu	re required when rein	nstating)	DATE				
		iy 1 Fee is \$150.00 , Fee is \$550.00	*				O Floation Com			^		
A contract to the contract of	Amended	UBR is \$61.25					9. Election Camp			\$5.00 May Be Added to Fees		
Make Check	Payable to	Florida Department	of State				indstrand oc	and ibalion.	_	Added to Fees		
10.		OFFICERS AT	ND DIRECTORS	1 (16) 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		TATE ENGINE			2 / W	Waid & Same Market		
TITLE	D,P,S,T	ŗ		> TITLE		Company of the Compan	es des la segui de la companya de l La companya de la co	and the second second				
		Arlick		NAME	0348	Graden Charles			·····································	Hart at the state		
STREET ADDRESS		Crescendo Lo	nn -	STREET	ADDRESS			医腹膜 医硫化物	新世 華			
CITY-ST-ZIP		it, FL 347		CITY-S	T- ZIP							
TITLE		.u, 15 5-7-		TITLE	ANG SC	Lart & Western Control		retorial territoria	建	To the state of the state of		
NAME				NAME					THE WAY			
STREET ADDRESS				STREET	ADDRESS				1. P.	全校 · 经产品条件		
CITY-ST-ZIP	_			_ \city-s	T-ZIP	and the second second	proposition of the second second second	Marine Comment of the complete of the	A STATE OF THE STA	AND A STREET,		
TITLE			· · · · · · · · · · · · · · · · · · ·	THILE			The Park of the Pa	The second secon	and the second	10. 10. 10. 10. 10. 10. 10. 10. 10. 10.		
NAME				NAME				· · · · · · · · · · · · · · · · · · ·	Alexander (S. 1977) Section (S. 1987) (S. 1987)			
STREET ADDRESS				STREET	ADDRESS							
CITY-ST-ZIP				CITY-S	T-ZIP		PUN	OT WR	1 1 t			
TITLE				TITLE	MA AN	Tarica, Majarika ang Pangangan		A A A A A A A A A A A A A A A A A A A	<u></u>			
NAME				NAME	- ;		HINI	IS SPA	CE			
STREET ADDRESS				STREET	ADDRESS			建九分的核 15.	1.4.			
CITY-ST-ZIP				CITY-SI	I-ZIP			常性抗性性症	a div			
TITLE			·	TITLE			THE CONTRACTOR OF THE PARTY AND THE PARTY AN	The second secon	- 3			
NAME				NAME	T. F.			a e				
STREET ADDRESS				W 7 - 1	ADDRESS	7. 二、二、二、二、二、二、二、二、二、二、二、二、二、二、二、二、二、二、二、	Maria de la compansión de	فويوان وال	(A)	Commence of the Continue of		
CITY-ST-ZIP				C(TY-ST	1 11 11	A STANDARD	藝順	***	. 1 My			
TITLE			······································	TITLE	-	A STATE OF THE STA				A STATE OF THE STA		
NAME				NAME		The state of the s	Calada A da Carago Cora decador			A STATE OF THE STA		
STREET ADDRESS					ADDRESS **			Freeze Barra	Ŀ	重性 一种 机温度		
CITY-ST-ZIP				CITY-ST	THE SHEET STATES			Contract Con	冰影響			
12. I hereby ce	ertify that the	information supplied w	ith this filing does not qualify for			d in Section 11	Q O7/QV(i) Elocide C	latutas I feetbase				
indicated c	on this report.	or supplemental report	is true and accurate and that	mu olanotur	o oboli bo	un Abanasan In-	S.S. (S)(I), Fibrida S	iulules, i luitilei ce	៖ពេទ្ធ ហេ	at the information		

12. Thereby 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

3/16/D3

Daytime Phone #

771 0400370