

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

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

03-19-2003 90138 039 ***150.00

DOCUMENT # P02000031451

1. Entity Name

KAREN D. ARLICK, P.A.



DO NOT WRITE IN THIS SPACE

00059111

2. Principal Place of Business

10641 Crescendo Loop

Suite, Apt. #, etc.

3. Mailing Address

717 E. Oak Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Clermont, FL

City & State
Kissimmee, FL

4. FEI Number
03-0405944

Applied For
Not Applicable

Zip
34711

Country
USA

Zip
34744

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Harry J. Swart, CPA

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

717 E. Oak Street

City

Kissimmee

FL

Zip Code
34744

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY - ST - ZIP	D,P,S,T Karen D. Arlick 10641 Crescendo Loop Clermont, FL 34711	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E034B (12/02)