

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90299 030 ***150.00

DOCUMENT # **P02000038533**



1. Entity Name
KAREN BOZEMAN PROPERTIES, INC.

Principal Place of Business
**1702 WEST HOLLOWAY ROAD
PLANT CITY FL 33567**

Mailing Address
**1702 WEST HOLLOWAY ROAD
PLANT CITY FL 33567**



2. Principal Place of Business
1330 E 9th Avenue
Suite, Apt. #, etc.

3. Mailing Address
1330 E. 9th Avenue
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
02-0595911

Applied For
 Not Applicable

Zip
33605

Country
Hillsborough

Zip
33605

Country
Hillsborough

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

**BOZEMAN, KAREN
1702 WEST HOLLOWAY ROAD
PLANT CITY FL 33567**

Name
Pattye D'Avanza
Street Address (P.O. Box Number is Not Acceptable)
1330 E 9th Avenue

City **Tampa** State **FL** Zip Code **33605**

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
1/6/03

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

(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	PD BOZEMAN, KAREN 1702 WEST HOLLOWAY ROAD PLANT CITY FL 33567	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D Pattye D'Avanza 1330 E. 9th Avenue Tampa, FL 33605	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE
1/6/03

DATE

DAYTIME PHONE #
813-247-6283

DAYTIME PHONE #

CR2E034 (10/02)