

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.

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**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

BOZEMAN, KAREN
1702 WEST HOLLOWAY ROAD
PLANT CITY FL 33567

7. Name and Address of New Registered Agent

Name
Pattye D'Avanza
Street Address (P.O. Box Number is Not Acceptable)
1330 E 9th Avenue
City **Tampa** **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: **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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ **Delete**
NAME **BOZEMAN, KAREN**
STREET ADDRESS **1702 WEST HOLLOWAY ROAD**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE ☐ **Delete**
NAME
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CITY-ST-ZIP

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TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/S/T/D** ☐ **Change** ☒ **Addition**
NAME **Pattye D'Avanza**
STREET ADDRESS **1330 E. 9th Avenue**
CITY-ST-ZIP **Tampa, FL 33605**

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

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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: **1/6/03** **813-247-6283**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)