

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000026828

1. Entity Name

KAREN'S YACHT SERVICES INCORPORATED

Principal Place of Business

2860 DORIE AVE  
JACKSONVILLE FL 32210

Mailing Address

P.O. BOX 380065  
JAX FL 32205

2. Principal Place of Business

3326 Lakeshore Blvd

3. Mailing Address

PO BOX 380065

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville

City & State

Jacksonville

Zip

32210

Country

USA

Zip

32205

Country

USA

4. FEI Number 59-3181333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MERKEL, KAREN  
2860 DORIE AVE  
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name

Karen Merkel

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

2860 Dorie Ave

City

Jacksonville

FL

Zip Code

32210

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.

SIGNATURE

Karen E Merkel

4-18-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
MERKEL, KAREN  
2860 DORIE AVE  
JACKSONVILLE FL 32210 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen E Merkel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90230 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)