

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000019887

1. Entity Name

KARMA & COMPANY OF PORT ST. LUCIE, INC.

Principal Place of Business

Mailing Address

10546 S. U.S. HWY. #1
PORT ST. LUCIE FL 34952

10546 S. U.S. HWY. #1
PORT ST. LUCIE FL 34952

2. Principal Place of Business

3. Mailing Address

10546 S. U.S. HWY. #1

10546 S. U.S. HWY. #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PT. ST. LUCIE, FL

City & State
PT. ST. LUCIE, FL

4. FEI Number 65-0650803

Applied For
Not Applicable

Zip Country
34952 USA

Zip Country
34952 USA

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

OLSON, JAMES N
10546 S. U.S. HWY. #1
PORT ST. LUCIE FL 34952

Name

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

City

FL

Zip Code

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

James N Olson, President

(NOTE: Registered Agent signature required when re/instating)

DATE

4-12-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
OLSON, JAMES N
1686 S.E. SENECA LANE
STUART FL 34997 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DURANTE, SUSAN
2029 N.E. GINGER TERRACE
JENSEN BEACH FL 34957 ☐ Delete

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

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☐ 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:

James N Olson, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/00 (561) 337-0000

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90086 025 ***150.00

80074459



DO NOT WRITE IN THIS SPACE