

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039738

1. Entity Name

KAREN HOWARD, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90081 017 ***150.00

Principal Place of Business

12 NORTH LIBERTY STREET
JACKSONVILLE FL 32202
US

Mailing Address

12 NORTH LIBERTY STREET
JACKSONVILLE FL 32202-2827
US

2. Principal Place of Business

211 N. LIBERTY STREET
Suite, Apt. #, etc. SUITE 2

3. Mailing Address

211 N. LIBERTY STREET
Suite, Apt. #, etc. SUITE 2

City & State

JAX FL

City & State

JAX FL

Zip

32202

Country

USA

Zip

32202

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3441866

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWARD, KAREN F
12 NORTH LIBERTY STREET
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, KAREN F 12 NORTH LIBERTY STREET JACKSONVILLE FL 32202	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS 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
211 N. LIBERTY ST. SUITE 2	
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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

Date

904/358-2090

Daytime Phone #

CR2E034 (9/99)