

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000039738

1. Entity Name

KAREN HOWARD, INC.

Principal Place of Business

211 NORTH LIBERTY STREET  
JACKSONVILLE FL 32202  
US

Mailing Address

211 NORTH LIBERTY STREET  
JACKSONVILLE FL 32202  
US

2. Principal Place of Business

211 N. LIBERTY ST  
SUITE 2

3. Mailing Address

SUITE 2

City & State

City & State

Zip

Country

Zip

Country

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)

211 NORTH LIBERTY ST SUITE 2  
JACKSONVILLE FL 32202

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, 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 D  
NAME HOWARD, KAREN F  
STREET ADDRESS 211 NORTH LIBERTY ST. SUITE 2  
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90021 041 \*\*\*150.00

963825



DO NOT WRITE IN THIS SPACE

CRZE034 (10/00)

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