

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 22, 2001 8:00 am**  
**Secretary of State**

0259554

**DOCUMENT # P97000060829**

1. Entity Name  
**SHAVING ENJOYMENT CORP.**

06-22-2001 90215 001 \*1,100.00

Principal Place of Business  
**1332 CITRUS ISLE  
 FORT LAUDERDALE FL 33315**

Mailing Address  
**1332 CITRUS ISLE  
 FORT LAUDERDALE FL 33315**

**75294**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0775355**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**KARNATZ, WALTER  
 1332 CITRUS ISLE  
 FT. LAUDERDALE FL 33315**

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]*

**2-28-01**

(Signature, typed or printed name of registered agent and title if applicable. (NOT: 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PST  
 KARNATZ, WALTER W  
 1332 CITRUS ISLE  
 FTL FL 33315** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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]*

**2-28-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment

#F85587

75292/75294

*Gift Certificate*  
for

(NON-TRANSFERABLE)

Good For ONE Visit to the Office of  
**Dr. Jack Kevorkian**

*Gift Certificate*  
for

(NON-TRANSFERABLE)

Good For ONE Visit to the Office of  
**Dr. Jack Kevorkian**