

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000065849**

1. Entity Name

KARP COMMUNICATIONS, INC.

Principal Place of Business

**9309 N. ARMENIA AVE
TAMPA FL 33612**

Mailing Address

**PO BOX 272030
TAMPA FL 33688**

2. Principal Place of Business

19421 Melody Fair Place

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LUTZ, FL

City & State

Zip 33558

Country **USA**

Zip

Country

4. FEI Number

59-3477661

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KARP, JEROLD S
9309 N. ARMENIA AVENUE
TAMPA FL 33612**

Name

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

19421 Melody FAIR PLACE

City

LUTZ

FL

Zip Code

33558

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, 2002 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 **D**
NAME **KARP, JEROLD**
STREET ADDRESS **9309 N ARMENIA AVE**
CITY-ST-ZIP **TAMPA FL 33612**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**19421 Melody FAIR PLACE
LUTZ, FL 33558**

Change Addition

TITLE **D**
NAME **KARP, ELODIE**
STREET ADDRESS **9309 N ARMENIA AVE**
CITY-ST-ZIP **TAMPA FL 33612**

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**19421 Melody FAIR PLACE
LUTZ, FL 33558**

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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

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:

Elodie Lutz Required E. Karp

1/21/02 813/920-9894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SSA APPRO

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)