

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

0382551 AV

DOCUMENT # P97000086226

1. Entity Name
STEVEN E. KARM, P.A.



04-14-2003 90386 033 ***150.00

Principal Place of Business
**3175 S CONGRESS AVE
SUITE 204
PALM SPRINGS FL 33461**

Mailing Address
**2134 RADNOR COURT
NORTH PALM BEACH FL 33408**



2. Principal Place of Business
400 EXECUTIVE CENTER DRIVE

3. Mailing Address

Suite, Apt. #, etc.
SUITE 202

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
WEST PALM BEACH, FL

City & State

4. FEI Number
65-0790753

Applied For
Not Applicable

Zip
33401

Country
PALM BEACH

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

**KARM, STEVEN E
2134 RADNOR COURT
NORTH PALM BEACH FL 33408**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **KARM, STEVEN E**
STREET ADDRESS **2134 RADNOR COURT**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 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

4/11/03 (561) 683-4001

Date Daytime Phone #

CR2E034 (10/02)