

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90093 001 ***150.00
 03-08-2000 90093 002 *****8.75

DOCUMENT # P97000090444

1. Entity Name
KAREN ROSE SMITH P.A.

Principal Place of Business Mailing Address
6594 ILEX CIRCLE 6594 ILEX CIRCLE
NAPLES FL 34109 NAPLES FL 34109-8813

2. Principal Place of Business 3. Mailing Address
229 SILVERADO DR. 229 SILVERADO DR.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
NAPLES FL NAPLES FL
 Zip Country Zip Country
34119 USA 34119 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0789759 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SMITH, KAREN R
6954 ILEX CIRCLE
NAPLES FL 34109

7. Name and Address of New Registered Agent
 Name **KAREN SMITH**
 Street Address (P.O. Box Number is Not Acceptable)
229 SILVERADO DR.
 City **NAPLES** FL Zip Code **34119**

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 **Karen Rose Smith** **PRESIDENT** **3-3-00**
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. **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, KAREN R	NAME	Address
STREET ADDRESS	6594 ILEX CIRCLE	STREET ADDRESS	229 SILVERADO DR.
CITY-ST-ZIP	NAPLES FL 34109	CITY-ST-ZIP	NAPLES FL 34119
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Address
STREET ADDRESS		STREET ADDRESS	229 SILVERADO DR.
CITY-ST-ZIP		CITY-ST-ZIP	NAPLES FL 34119
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 like empowered.

SIGNATURE: **Karen R. Smith** **KAREN R. SMITH** **3-3-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)