FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am Secretary of State P97000090444 DOCUMENT # 1. Entity Name KAREN ROSE SMITH P.A. 02-21-2002 90075 044 ***158.75 Principal Place of Business Mailing Address 229 SILVERADO DR 229 SILVERADO DR NAPLES FL 34119 NAPLES FL 34119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0789759 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, KAREN R Street Address (P.O. Box Number is Not Acceptable) 229 SILVERADO DR. NAPLES FL 34119 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 1.1. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) Change ☐ Addition NAME SMITH, KAREN R NAME 229 SILVERADO DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34119 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change 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

2-5-02 941-304-1150 SIGNATURE:

changed, or on an attachment with an address, with all other like empow

0Hachment 00HF97000090444 740056

KAREN ROSE SMITH, P.A.

ANNUAL REPORT for 2001 Dec. 31, 2001

BALANCE SHEET

Assets:

- 0 -

Liabilities:

- 0 -

Net Worth:

- 0 -

INCOME STATEMENT

Gross Receipts:

\$ 161,013.74

Cost of Operations:

Cost of goods and office expenses paid..

Affiliate and advertising costs paid..

Non employee (contractor) payouts..

- 5,009.27 - 28,574.00

- 23,048.44

\$ 104,382.03

CHAPTER S CORP... Paid out \$ 104,382.03

1 Shareholder @ 100% = \$ 104,382.03

KAREN ROSE SMITH, President