

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90174 021 ***158.75

DOCUMENT # P97000090444



1. Entity Name
KAREN ROSE SMITH P.A.

Principal Place of Business
**229 SILVERADO DR
NAPLES FL 34119**

Mailing Address
**229 SILVERADO DR
NAPLES FL 34119**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0789759**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, KAREN R
229 SILVERADO DR.
NAPLES FL 34119**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, KAREN R 229 SILVERADO DR. NAPLES FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Karen R Smith* **Karen R Smith** **President** **2-20-03** **239-304-1150**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

Attachment 90034078

#P97000090444

KAREN ROSE SMITH, P.A.

ANNUAL REPORT for 2002

Dec. 31, 2002

BALANCE SHEET

Assets: - 0 -

Liabilities: - 0 -

Net Worth: - 0 -

INCOME STATEMENT

Gross Receipts: \$ 163,633.31

Cost of Operations:

Cost of goods and office expenses paid.. - 27,177.43
Affiliate and advertising costs paid.. - 2,540.16
Non employee payouts.. - 20,800.00
Contractor payouts (non employee) - 49,520.00

\$-100,037.59

CHAPTER S CORP... Paid out \$ 63,595.72

1 Shareholder @ 100% = \$ 63,595.72


KAREN ROSE SMITH, President