

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State
03-19-2001 90050 017 ***150.00

DOCUMENT # **P 97000 104163** ✓
1. Entity Name
KARO ENTERPRISES INC
10845 EL TORO DRIVE
RIEVIEW, FL 33569

Principal Place of Business Mailing Address
SAME

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **65-0802044** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KATHRYN KRAMER
10845 EL TORO DRIVE
RIEVIEW, FL 33569

7. Name and Address of New Registered Agent
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.
SIGNATURE **Kathryn Kramer - Vice President 3-12-01** DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS
TITLE ☐ Delete
NAME **PRESIDENT**
STREET ADDRESS **ROY KRAMER**
CITY-ST-ZIP **10845 EL TORO DRIVE**
RIEVIEW, FL 33569
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Change ☐ Addition
NAME **VICE PRESIDENT**
STREET ADDRESS **KATHRYN KRAMER**
CITY-ST-ZIP **10845 EL TORO DRIVE**
RIEVIEW, FL 33569
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **Roy Kramer ROY KRAMER 3-12-2001 813-671-3017**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)