

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000104962

1. Entity Name

KARLIN FINANCIAL SERVICES, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90032 042 ***150.00

Principal Place of Business

7300 W CAMINO REAL
STE 113
BOCA RATON FL 33433
US

Mailing Address

9160A SW 22ND STREET
BOCA RATON FL 33428-7617

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

65-0799112

Applied For

Not Applicable

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

TILLEM, SCOTT E
10 FAIRWAY DRIVE
SUITE 219
DEERFIELD BEACH FL 33441

Name

LARRY S. KARLIN
Street Address (P.O. Box Number is Not Acceptable)

9160A SW 22ND ST

City

BOCA RATON

FL

33428

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

LARRY S. KARLIN

4/5/2000
DATE

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

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	PTD	<input type="checkbox"/> Delete
NAME	KARLIN, LARRY S	
STREET ADDRESS	9160A SW 22ND STREET	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	GUTHRIE, ANDREA S	
STREET ADDRESS	22310 KETTLE CREEK WAY	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)