

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000043544**

1. Entity Name

KAREN M. SMITH, P.A.

Principal Place of Business Mailing Address

**1419 E ROBINSON ST #200
ORLANDO, FL. 32801**

2. Principal Place of Business 3. Mailing Address

SAME SAME

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 12 AM 9:42

REINSTATEMENT DO NOT WRITE IN THIS SPACE
59-3509562 Applied For Not Applicable

6. Name and Address of Current Registered Agent

**KAREN M SMITH
829 APPALACHEE DR
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name **SAME**
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 **KAREN M SMITH** (NOTE: Registered Agent signature required) **KAREN M Smith** DATE **2/8/01**

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

TITLE PRES	NAME KAREN M SMITH	<input type="checkbox"/> Delete
STREET ADDRESS 825 APPALACHEE DR.		
CITY-ST-ZIP WINTER PARK, FL. 32792		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **KAREN M. SMITH** Date **12/11/00** Daytime Phone # **407/896-7775**

CR2E034 (9/99)