

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000083071  
Entity Name  
KAROB MANUFACTURING, INC.

FILED  
Mar 01, 2000 8:00 am  
Secretary of State  
03-01-2000 90044 013 \*\*\*150.00

Principal Place of Business      Mailing Address  
NE 22ND AVENUE      1644 NE 22ND AVENUE  
D.      BLDG D.  
FL 34470      OCALA FL 34470-4727

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



4. FEI Number      59-3550214      Applied For  
Not Applicable  
5. Certificate of Status Desired      \$8.75 Additional  
Fee Required

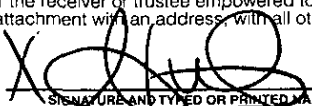
6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
DEAN, JONATHAN S  
230 N.E. 25TH AVENUE  
OCALA FL 34470  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      FL      Zip Code

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, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE  
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, 2000 Fee will be \$550.00  
Make Check Payable to Department of State  
10. Election Campaign Financing      \$5.00 May Be  
Trust Fund Contribution.      Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
PD WINDISCHMANN, KARL 1644 NE 22ND AVENUE, BLDG D OCALA FL 34470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WINDISCHMANN, KARL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VPD WINDISCHMANN, ROBERT 1644 NE 22ND AVENUE, BLDG D OCALA FL 34470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD WRIGHT, ANDREA 1644 NE 22ND AVENUE, BLDG D OCALA FL 34470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  ANDREA WRIGHT,      2/24/00      352-732-2414  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #