

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90050 033 ***150.00

DOCUMENT # P99000000218

1. Entity Name
KARIN ARNOLD, C.P.A., P.A.

Principal Place of Business Mailing Address
3405 BLACK OAK TRAIL **3405 BLACK OAK TRAIL**
BROOKSVILLE FL 34609 **BROOKSVILLE FL 34609-0653**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
5388 Spring Hill Dr **13454 Rudi Loop**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
Spring Hill FL **Spring Hill FL** **59-3548579** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
34606 **U.S.A.** **34609** **U.S.A.** **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GASSMAN, ALAN S ESQ.
1245 CT. STREET, STE. 102
CLEARWATER FL 33756

7. Name and Address of New Registered Agent
 Name **KARIN ARNOLD**
 Street Address (P.O. Box Number is Not Acceptable)
13454 Rudi Loop
 City **Spring Hill** **FL** Zip Code **34609**

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 *Karin Arnold* **KARIN ARNOLD** 4/19/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP | D ARNOLD, KARIN 3405 BLACK OAK TRAIL BROOKSVILLE FL 34609 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D, P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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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: *Karin Arnold* **KARIN ARNOLD** 4/19/00 352-688-7661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)