

**-2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000008798**

1. Entity Name

**KARIGOLD, INC.****FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90066 025 \*\*\*150.00

Principal Place of Business	Mailing Address
4600 WATERFORD CT NE ST PETERSBURG FL 33703	4600 WATERFORD CT NE ST PETERSBURG FL 33703-4948

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-3557359	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUSO, FRANK 4600 WATERFORD CT NE ST PETERSBURG FL 33703	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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table><tr><td>TITLE</td><td>President</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>Frank K. Russo</td><td></td></tr><tr><td>STREET ADDRESS</td><td>4600 Waterford Ct. N.E.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>St. Petersburg, Fl 33703</td><td></td></tr></table>	TITLE	President	<input type="checkbox"/> Delete	NAME	Frank K. Russo		STREET ADDRESS	4600 Waterford Ct. N.E.		CITY-ST-ZIP	St. Petersburg, Fl 33703		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 empowerments.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK K. RUSSO, President

4/19/00

Date

(727) 578-0303

Daytime Phone #