

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90065 010 ***150.00

DOCUMENT # P99000008798

1. Entity Name
KARIGOLD, INC.

Principal Place of Business
**4600 WATERFORD CT NE
 ST PETERSBURG FL 33703**

Mailing Address
**4600 WATERFORD CT NE
 ST PETERSBURG FL 33703**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
877 Executive Center Drive

3. Mailing Address
877 Executive Center Drive

Suite, Apt. #, etc.
Suite 112

Suite, Apt. #, etc.
Suite 112

State
St. Petersburg, FL 33702

City & State
St. Petersburg, FL 33702

Zip Country
33702 USA

Zip Country
33702 USA

4. FEI Number **59-3557359**

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

**RUSSO, FRANK
 4600 WATERFORD CT NE
 ST PETERSBURG FL 33703**

Name
Frank Russo
 Street Address (P.O. Box Number is Not Acceptable)
877 Executive Center Drive, Suite 112

City State Zip Code
St. Petersburg FL 33702

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

(NOTE: Registered Agent signature required when reinstating)

4/24/02
 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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME P RUSSO, FRANK K	<input type="checkbox"/>	NAME	<input type="checkbox"/>
STREET ADDRESS 4600 WATERFORD CT. N.E.		STREET ADDRESS	
CITY-ST-ZIP SAINT PETERSBURG FL 33703		CITY-ST-ZIP	
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/>	TITLE	<input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 Date
578-0303 Daytime Phone #

CR2E034 (9/01)