

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2000 8:00 am
Secretary of State

05-21-2000 90004 008 ***150.00

DOCUMENT # P09000086761
1. Entity Name
KARLOVEC FINANCIAL INC.

Principal Place of Business
12294 OAK ST
LARGO FL 33774
Mailing Address
12294 OAK ST
LARGO FL 33774

2. Principal Place of Business
12294 OAK ST
Suite, Apt. #, etc. N/A
City & State LARGO FL
Zip 33774 Country Pinellas
3. Mailing Address
12294 OAK ST
Suite, Apt. #, etc. N/A
City & State LARGO FL
Zip 33774 Country Pinellas

4. FEI Number 593602255
Applied For 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
FORD + LOVEACE P.A.
ATT: WALT SHURDEN
401 S. LINCOLN
CLEARWATER FL 33756

7. Name and Address of New Registered Agent
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
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstalling)
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

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a Delete checkbox. Row 1: PRESIDENT, WILLIAM KRESS, 12294 OAK ST, LARGO FL 33774.

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and Change/Addition checkboxes. All cells are currently empty.

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 of William P. Kress]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CRZE034 (9/99)