2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000107191 **DOCUMENT #**

1. Entity Name

KAREN BURNS SUPPORT SERVICES, INC.



FILED

02-13-2003 90235 049 ***150.00

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67 D C V B
OU WE

						GOO WE TEN					
Principal Place	of Business		Mailing	Address							
43 BAY SPRING			43 BAY	SPRINGS PLACE							
PALM COAST F			PALM (OAST FL 32137							
FALM CONSTI	L OE.O.						Ì				
2. Principal Pla			3. Maili	ng Address)_/_			i in estant lin, tatem torit autre annis ann	#1 11 0 41 # 0161	18881 11810 181	19) (191 189)
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Suite, Apt. #	#, etc.		Suite	, Apt. #, etc.				☐ CHECK HERE IF M	IAKING C	HANGES	
				0.00			 	El Number		App	lied For
City & State	اب ، أ			City & State				59-3614322		Not	Applicable
Bunk! FI			W-111111111111111111111111111111111111				- +			3.75 Addi	tional
		Country	Zip	10	UI		5. C	ertificate of Status Desired		e Required	
37/10		and Address of Current	Pogistore:				7. Name and Address of New Registered Agent				
	6. Name a	and Address of Curren	Registere	u Agent		Name					

BURNS, KA	AREN P	1				Street Add	ress (P.O. Bo	ox Number is Not Acceptable)			
43 BAYSPI	ring PL		,				_				
	NST FL 3213	37 [.]									
TALIN OU	10. 12 -2.1	•				City		-	FL	Zip Code	:
						<u> </u>		TEL 44		milion with a	and account
8. The above	named entity	submits this statement	or the purp	ose of changing its	register	red office or re	gistered age	ent, or both, in the State of Florida	a. Familai	niliar with, a	and accept
the obligati	ions of registe	red agent.)					,	1,-	X ~	
		Loud &	-						10 4	<u> </u>	
SIGNATURE .	Signature, typed o	or printed name of registered ager	nt and title if app	licable. (NOTI	: Registere	ed Agent signature	required when re	instating)	DATE	<u>ــــــــــــــــــــــــــــــــــــ</u>	
											
		FEE IS \$150.00						9. Election Campaign Finance			May Be
After	May 1, 200	3 Fee will be \$550.00	of State					Trust Fund Contribution.		Added	to Fees
Make Check	Payable to	Fiorida Department						DITIONS/CHANGES TO OFFICE	RS AND I	DIBECTORS	S (N 11
10.	-	OFFICERS AN	D DIRECTO		11.		AD.	DITIONS/CHANGES TO OTHICE		Change	Addition
TITLE	D			☐ Delete	TITI	1				Change	
NAME	BURNS, K	aren P			NAM	··-					
STREET ADDRESS	38 1ST AV	E.				REET ADDRESS					
CITY-ST-ZIP		AST FL 32137			CIT	Y-ST-ZIP				Change	Addition
TITLE				☐ Delete	TIT	LE				☐ Change	☐ Addition
NAME					NAI	ME					
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CITY-ST-ZIP	1						alia Onneir-	110 07/2)/i) Florida Statutos I fo	irther cert	ify that the i	nformation
12 I hereby	certify that th	e information supplied v	vith this filing	does not qualify for	or the ex	kemption state	ed in Section	119.07(3)(i) Florida Statutes. I fo	urther cert	my man me i	or director

Interest 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

2/1/03 386-437-6319