

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**  
 03-06-2001 90348 012 \*\*\*150.00

**DOCUMENT # S33666**

1. Entity Name  
**KARPAY RESIDENTIAL CORP.**

Principal Place of Business

13902 N DALE MABRY HWY  
 350  
 TAMPA FL 33618  
 US

Mailing Address

13902 N DALE MABRY HWY  
 350  
 TAMPA FL 33618  
 US

2. Principal Place of Business

**13909 Carrollwood Village Run**

Suite, Apt. #, etc.

3. Mailing Address

**13909 Carrollwood Village Run**

Suite, Apt. #, etc.

City & State

**Tampa, Florida**

City & State

**Tampa, Florida**

Zip

**33624**

Country

**USA**

Zip

**33624**

Country

**USA**

4. FEI Number **59-3055173**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LEWIS, DALE F.**  
**13902 N. DALE MABRY**  
**350**  
**TAMPA FL 33618**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**13909 Carrollwood Village Run**

City

**Tampa,**

**FL**

Zip Code

**33624**

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)

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, 2001 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

TITLE	DC	<input type="checkbox"/> Delete
NAME	KARPAY, GEORGE B.	
STREET ADDRESS	13902 N DALE MABRY, STE 350	
CITY-ST-ZIP	TAMPA FL	
TITLE	DPT	<input type="checkbox"/> Delete
NAME	KARPAY, BARRY I.	
STREET ADDRESS	13902 N DALE MABRY, STE 350	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KARPAY, BARBARA	
STREET ADDRESS	13902 N DALE MABRY, STE 350	
CITY-ST-ZIP	TAMPA FL	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	LEWIS, DALE F.	
STREET ADDRESS	13902 N DALE MABRY, STE 350	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13909 Carrollwood Village Run	
STREET ADDRESS	Tampa, Florida 33624	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13909 Carrollwood Village Run	
STREET ADDRESS	Tampa, Fl. 33624	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13909 Carrollwood Village Run	
STREET ADDRESS	Tampa, Fl. 33624	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13909 Carrollwood Village Run	
STREET ADDRESS	Tampa, Fl. 33624	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

**2/28/01** (813) 962-6262  
 Date Daytime Phone #

CR2E034 (10/00)