

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90022 014 \*\*\*150.00

**DOCUMENT # V18978**

1. Entity Name

**KARL OF PASCO, INC.**

Principal Place of Business 5851 RIO DRIVE NEW PORT RICHEY FL 34652	Mailing Address 5851 RIO DRIVE NEW PORT RICHEY FL 34655-1262
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2. Principal Place of Business <i>6307 Grand Blvd</i>	3. Mailing Address <i>6307 Grand Blvd</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>New Port Richey FL</i>	City & State <i>New Port Richey FL</i>	4. FEI Number <b>59-3113473</b>	Applied For Not Applicable
Zip <i>34652</i>	Country	Zip <i>34652</i>	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KARL, JOSEPH J., JR**  
**5851 RIO DRIVE**  
**NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

Name *James H. Collier*  
 Street Address (P.O. Box Number is Not Acceptable)  
*7421 Bent Oak Dr*  
*Port Richey* **FL** Zip Code *34668*

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 *James H. Collier* *James H. Collier* *1-16-2000*  
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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KARL, JOSEPH J., JR <del>5851 RIO DRIVE</del> <i>6307 Grand Blvd</i> NEW PT RICHEY FL <i>34652</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/>

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: *Joseph J. Karl P.* *1/18/2000* *(727) 948-7858*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #