

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90028 036 ***150.00

MAJOR 2 AV

DOCUMENT # V38683

1. Entity Name
KAREN J. PREVATT, P.A.

Principal Place of Business

**201 N. FRANKLIN STREET
SUITE 1700
TAMPA FL 33602**

Mailing Address

**P.O. BOX 2920
TAMPA FL 33601-2920
US**

2. Principal Place of Business

791 NORTH Shore Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ANNA MARIA Florida

City & State

City & State

34216

Zip

Country

US

Zip

Country

4. FEI Number

59-3126195

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

PREVATT, KAREN J.

**201 N. FRANKLIN STREET, SUITE 1700
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

Karen J. Prevatt

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

791 NORTH SHORE Drive

ANNA MARIA, FLORIDA 34216

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

Karen J. Prevatt

1/14/02

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, 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

TITLE ☐ Delete
NAME **DPS**
STREET ADDRESS **PREVATT, KAREN J.**
CITY-ST-ZIP **791 NORTH SHORE DR TAMPA FL 34216**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **ANNA MARIA, FLORIDA 34216**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Karen J. Prevatt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02 941-7785177

Date

Daytime Phone #

CR2E034 (9/01)