

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
Feb 18, 2003 8:00 am  
Secretary of State

02-18-2003 90107 044 \*\*\*150.00

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**DOCUMENT #** V53771

**1. Entity Name**  
KARON-JOMATT, INC.



**Principal Place of Business**  
9 CHERRY LN  
OCALA FL 34472

**Mailing Address**  
9 CHERRY LN  
OCALA FL 34472

**2. Principal Place of Business**  
Suite, Apt. #, etc.  
City & State

**3. Mailing Address**  
Suite, Apt. #, etc.  
City & State

**4. FEI Number** 59-3135229  
Applied For:  Not Applicable

**5. Certificate of Status Desired**  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
ESPOSITO, RONALD J.  
9 CHERRY LN  
OCALA FL 34472

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

**9. Election Campaign Financing Trust Fund Contribution.**  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESPOSITO, RONALD J. 9 CHERRY LN OCALA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *KAREN R. ESPOSITO* / KAREN R. Esposito **2-10-03** (352) 624-1856

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)



CHECK HERE IF MAKING CHANGES