

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90118 012 ****70.00

DOCUMENT # 751956

1. Entity Name

CATS EXCLUSIVE, INC.

Principal Place of Business

**6350 W. ATLANTIC BLVD
MARGATE FL 33063
US**

Mailing Address

**6350 W. ATLANTIC BLVD
MARGATE FL 33063
US**

00006989



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2212954

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACKSON, MARGE D
900 NW 123 DR
CORAL SPRINGS FL 33071**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYCE, DAVID 10555 WHEELHOUSE CIRCLE BOCA RATON FL 33428	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BILELLO, RICHARD 390 SE 6TH TERRACE POMPANO BEACH FL 33060	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEIDNER, ANN 6350 W ATLANTIC BLVD MARGATE FL 33063	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR BOYCE, KAREN 10555 WHEELHOUSE CIR BOCA RATON FL 33428	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GLANISIS, 7680 NW 79TH AVE, P2 TAMARAC FL 33321	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BC JACKSON, MARGE D 900 NW 123 DR CORAL SPRINGS FL 33071	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAROLE SCHMOLL 11450 N.W. 39 CT. CORAL SPRINGS, FL. 33065	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAREN BOYCE 10555 WHEELHOUSE CIR. BOCA RATON, FL. 33428	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.D. DAVID BOYCE 10555 WHEELHOUSE CIR. BOCA RATON, FL. 33428	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR DEBORAH SIMSON 9040 ROYAL PALM BLVD., #510 CORAL SPRINGS, FL 33065	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANN SEIDNER 6350 W. ATLANTIC BLVD. MARGATE, FL. 33063	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 617, 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: *MARGE D. JACKSON* **MARGE D. JACKSON** 1/11/01 (954) 976-8349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)