

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90677 045 ****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**

10017003



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2212954**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOYCE, DAVID 10555 WHEELHOUSE CIRCLE BOCA RATON FL 33428	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMOLL, CAROLE 11450 NW 39 CT CORAL SPRINGS FL 33065	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SEIDNER, ANN 6350 W ATLANTIC BLVD MARGATE FL 33063	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOYCE, KAREN 10555 WHEELHOUSE CIR BOCA RATON FL 33428	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR SIMSON, DEBORAH 9040 ROYAL PALM BLVD. # 510 CORAL SPRINGS FL 33065	☐ 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	DR	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Freda Weiss 239 NW 41 Ave. Dorfield Bch, FL 33442	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DA	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS	☒ 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 JACKSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

11/9/03 954-975-8349

CR2E037 (10/02)