

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006418

1. Entity Name

KAYTEE PRODUCTS INCORPORATED

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

03-23-2001 90007 007 ***150.00

C0036944



DO NOT WRITE IN THIS SPACE

Principal Place of Business 521 CLAY STREET CHILTON WI 53014-0230 US	Mailing Address 521 CLAY STREET CHILTON WI 53014-0230 US
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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	39-0399490	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

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.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	P BEST, RICHARD
STREET ADDRESS	521 CLAY ST
CITY-ST-ZIP	CHILTON WI 53014-0230
TITLE	<input checked="" type="checkbox"/> Delete
NAME	V ROBERTS, JIM
STREET ADDRESS	521 CLAY ST
CITY-ST-ZIP	CHILTON WI 53014-0230
TITLE	<input checked="" type="checkbox"/> Delete
NAME	V PEALER, MICHAEL
STREET ADDRESS	521 CLAY ST
CITY-ST-ZIP	CHILTON WI 53014-0230
TITLE	<input checked="" type="checkbox"/> Delete
NAME	V BRUE, RANDALL D
STREET ADDRESS	521 CLAY ST
CITY-ST-ZIP	CHILTON WI 53014-0230
TITLE	<input type="checkbox"/> Delete
NAME	V GEDMAN, STACY
STREET ADDRESS	521 CLAY ST
CITY-ST-ZIP	CHILTON WI 53014
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S/T
STREET ADDRESS	GEDMAN, STACY
CITY-ST-ZIP	521 CLAY ST, CHILTON, WI 53014
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard Best* Richard Best, President March 12, 2001 920-849-4321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)