

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90217 020 \*\*\*150.00

903081



DO NOT WRITE IN THIS SPACE

**DOCUMENT # J63593**

1. Entity Name  
**G. THOMAS CATALUCCI, INC.**

Principal Place of Business 1355 WEST PALMETTO PARK RD SUITE 184 BOCA RATON FL 33486 US	Mailing Address 1355 WEST PALMETTO PARK RD SUITE 184 BOCA RATON FL 33486 US
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2. Principal Place of Business <b>4785 N.W. 7<sup>th</sup> MANOR</b> Suite, Apt. #, etc. <b>COCONUT CREEK, FL.</b>	3. Mailing Address Suite, Apt. #, etc. City & State
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City & State	City & State	4. FEI Number <b>59-2791524</b>	Applied For Not Applicable
Zip <b>33063</b>	Country <b>BROWARD</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**CATALUCCI, G. THOMAS**  
**1355 W. PALMETTO PK RD**  
**STE 184**  
**BOCA RATON FL 33486**

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 *G. Thomas Catalucci* *[Signature]* *1-12-2001*  
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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CATALUCCI, G. THOMAS 1355 WEST PALMETTO PARK ROAD, SUITE 184 BOCA RATON FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CATALUCCI, G. THOMAS 1355 W. PALMETTO PARK ROAD, SUITE 184 BOCA RATON FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* *President* *G. Thomas Catalucci* *1-12-2001* *954-977-4477*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)