2002 UNIFORM BUSINESS REPORT (UBR)

J63593 **DOCUMENT #**

1. Entity Name

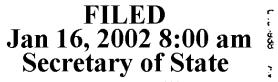
G. THOMAS CATALUCCI, INC.

Principal Place of Business 4785 NW 7TH AVE COCONUT CREEK FL 33063 Mailing Address

1355 WEST PALMETTO PARK RD

SUITE 184

BOCA RATON FL 33486



01-16-2002 90054 049 ***150.00



00		us								
2. Principal P	lace of Business	3. Mailing Address			+	88 1411 OLDIE BIBLI BI	#1) #1#)(#	FETT BIBIT 1981		
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE	E IN THIS SPAC	Ę			
City & State		City & State		4. F	FEI Number 59-2791524		Applied For Not Applicable			
Zip	Country	Zip	Country	5. (Certificate of Status Desired		75 Add Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
				Name						
CATALUCCI, G. THOMAS			Street A	Street Address (P.O. Box Number is Not Acceptable)						
1355 W. PALMETTO PK RD									4	
STE 184										
BOCA RA	TON FL 33486		City			FL 2	Zip Code	•		
8. The above	named entity submits this statement for the	he purpose of changing its	registered office or	registered ag	ent, or both, in the State of Flo	rida.			1	
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	E: Registered Agent signatu	re required when re	einstating)	DATE				
or this corporation is brighted to called			!! FEE IS \$150.0 02 Fee will be \$5 ble to Departmen	50.00	10. Election Campaign Fine Trust Fund Contribution	· -		0 May Be to Fees		
11.	OFFICERS AND DI	RECTORS	12.	AD	DITIONS/CHANGES TO OFFI	CERS AND DIR	ECTORS	IN 11	1.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CATALUCCI, G. THOMAS 1355 WEST PALMETTO PARK ROA BOCA RATON FL 33486	Delete AD, SUITE 184	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	0000	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Delete TIT CATALUCCI, G. THOMAS 1355 W. PALMETTO PARK ROAD, SUITE 184 BOCA RATON FL 33486						Change	Addition] {	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			Change	☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition		
13. Thereby (certify that the information supplied with the	us tiling does not qualify for	r the exemption stat	ed in Section 1	119.07(3)(I), Florida Statutes, I	turtner certity th	iat the in	itormation	1	

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:

NED NAME OF SIGNING OFFICER OR DIRECTOR