

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 30, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000065159**

1. Entity Name  
**KATE'S SOAP, INC.**

Principal Place of Business 2155 3RD AVE N  ST PETERSBURG FL 33713	Mailing Address 2155 3RD AVE N  ST PETERSBURG FL 33713
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2. Principal Place of Business 119 49TH ST. SOUTH	3. Mailing Address P.O. BOX 16463
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State ST PETERSBURG FL	City & State ST PETERSBURG FL
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Zip 33707	Country	Zip 33733	Country
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4. FEI Number <b>59-3654888</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**CUTLIFF YATE K**  
**501 FIRST AVE N, SUITE 507**  
  
**ST PETERSBURG FL 33701 US**

**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 \_\_\_\_\_ DATE **04/30/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

TITLE D	<input type="checkbox"/> Delete
NAME KRIVAL CATHERINE R	
STREET ADDRESS 2155 3RD AVE N	
CITY-ST-ZIP ST PETERSBURG FL 33713	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KRIVAL CATHERINE R	
STREET ADDRESS 5005 25TH AVE SOUTH	
CITY-ST-ZIP GULFPORT FL 33707	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** Catherine R. Krival **Pres** 04/30/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)