2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2002 8:00 am
Secretary of State
01-11-2002 90016 006 ***150.00

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B0002295

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000029853

1. Entity Name
KATIKO, INC.

Principal Place of Business	Mailing Address
~~P O BOX 951822~~ ~~LAKE MARY FL 32795-1822~~ US	~~P O BOX 951822~~ ~~LAKE MARY FL 32795-1822~~ US

2. Principal Place of Business	3. Mailing Address
1411 DELK Road Suite, Apt. #, etc.	1411 DELK Road Suite, Apt. #, etc.
City & State: Longwood, FL.	City & State: Longwood, FL.
Zip: 32779-2742 Country:	Zip: 32779-2742 Country:

4. FEI Number 59-3314368 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANDERSON, KURT L ~~1793 OAKBROOK DRIVE~~ ~~LONGWOOD FL 32779~~	Name Street Address (P.O. Box Number is Not Acceptable) 1411 DELK Road City Longwood FL Zip Code 32779-2742

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 Kurt L. Anderson 1/7/02
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, 2002 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	PC ANDERSON, KURT ~~1793 OAKBROOK DRIVE~~ ~~LONGWOOD FL 32779~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1411 DELK Road Longwood, FL. 32779-2742
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VID HOCHFELD, STEVEN J ~~1793 OAKBROOK DRIVE~~ ~~LONGWOOD FL 32779~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Hochfelder, Steven J 1953 Bridgewater Drive Heathrow, FL. 32746
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SID HOCHFELDER, MICHELLE ~~1793 OAKBROOK DRIVE~~ ~~LONGWOOD FL 32779~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1953 Bridgewater Drive Heathrow, FL. 32746
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TID MATELA, KRZYSZTOF ~~17930 OAKBROOK DRIVE~~ ~~LONGWOOD FL 32779~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1411 DELK Road Longwood, FL. 32779-2742
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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 REQUIRED Kurt L. Anderson 1/7/02 407.774.5878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #