## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCÚMENT # P96000010958 1. Entity Name

## FILED May 04, 2001 8:00 am Secretary of State

WILDCAT ENGINEERING INCORPORATED							N.	05-04-2001	•			
800 25TH STRI	ce of Business EET EACH FL 33407	-5306	Mailing Address 800 25TH STREET WEST PALM BEACH FL 33407-5306				n <b>nn4</b> 1282					
2. Principal F 1210 521	Place of Busine	ss t	3. Mailing Address 1210 52nd Street									
Suite, Apt. #, etc. Unit #B City & State			Suite, Apt. #, etc. Unit #B City & State				I CCI Niverbox	DO NOT WRIT			nation For	7
West Palm Beach, FL			West Palm Beach, FL			4	I. FEI Number	65-0977597	Not Applicable			
Zip 33407			33407	Country USA			. Certificate of S			\$8.75 Additional Fee Required		
		-Name	7.	. Name and Ad	dress of New R	egistered /	Agent		-			
GALLIVAN, JOHN J III 800 25TH STREET					Street Ac	idress (P.O 52nd (S	Box Number is Street. U	Not Acceptable	<b>)</b>			
		CH FL 33407				st Palm Beach				33407		
8. The above	pk.	Wall	or the surpose of changing its			-		n the State of Flo	FL rida. 4/27 DATE	•   `	····	
9. This corporation is eligible to satisfy its Intangible Tax tiling requirement and elects to do so. (See criteria on back)			FILE NOW!	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees					
11.		OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	12.	1	,	ADDITIONS/CH	ANGES TO OFFI	CERS AND			]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P GALLIVAN, 800 25TH S WEST PAL		☐ Delete	1	1			eet, Unit		☐ Change	☐ Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GALLIVAN, 800 25TH S	BRENDA	☐ Delete		ŀ			eet, Unit ch, FL 33		☐ Change	☐ Addition	CR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WEOT TALE		☐ Defete··· · · ·	NAMI STRE	1		· •	<u>, 12 00</u>		☐ Change	☐ Addition	- - - - -
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, , , , ,	☐ Delete		t t					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY-	ET ADDRESS ST-ZIP					Change	Addition	
<b>13.</b> I hereby o	certify that the i	nformation supplied with	this filing does not qualify for	the exer	nption state	ed in Sectio	n 119.07(3)(i), F	lorida Statutes. I	further cert	tify that the in	formation	

indicated on this report or supplemental reports true and accurate and the indicated on this report or supplemental reports true and accurate and the indicated 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 employed.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Ohn J. Gallivan, III, President

4/27/01

(561) 841-5116

Daytime Phone #