

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90009 002 ***158.75

DOCUMENT # F51521

1. Entity Name

ALAN D. KATELL, PH.D., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7301 No. University Drive

3. Mailing Address

7301 No. University Drive

Suite, Apt. #, etc.
#210

Suite, Apt. #, etc.
#210

City & State
Tamarac, FL

City & State
Tamarac, FL

4. FEI Number
59-2141771

Applied For
Not Applicable

Zip
33321

Country
USA

Zip
33321

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Alan D. Katell

Street Address (P.O. Box Number is Not Acceptable)

7301 No. University Drive, #210

City
Tamarac, FL Zip Code
33321

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 _____ (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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	TITLE	NAME
NAME	Alan D. Katell	NAME	
STREET ADDRESS	10996 Canary Island Court	STREET ADDRESS	
CITY-ST-ZIP	Plantation, FL 33324	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE Alan D. Katell, PH.D., Inc. **3-6-04** **954-557-0313**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)