

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91564 020 ***150.00

DOCUMENT # **F67570**
 1. Entity Name
TEMPTATIONS BY KATHY INC

Principal Place of Business
12442 WILES RD
CORAL SPRINGS FL 33076
US

Mailing Address
12442 WILES RD
CORAL SPRINGS FL 33076
US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip - - - - - Country - - - - -

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip - - - - - Country - - - - -



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-228-3341** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
MERKLEIN, JACK E
9603 NW 36 MANOR
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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)
 Signature, typed or printed name of registered agent and title if applicable. DATE

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
11. OFFICERS AND DIRECTORS PD <input type="checkbox"/> Delete P.S. MERKLEIN, KATHLEEN <input type="checkbox"/> Delete 9603 NW 36 MANOR CORAL SPRINGS, FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: **JACK E MERKLEIN** 4-15-02 954.755.4730

CR2E034 (9/01)