

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

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1. Entity Name
CAT COMMUNICATIONS INTERNATIONAL, INC.



Principal Place of Business
4142 MELROSE AVE.UNITED #25
ROANOKE VA 24017

Mailing Address
P.O.BOX 6355
ROANOKE VA 24017

11060407



2. Principal Place of Business
3435 Chip Dr.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 11845
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Roanoke, VA
Zip
24012
Country

City & State
Roanoke, VA
Zip
24022
Country

4. FEI Number 54-1869935

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MASON, NORMAN
STREET ADDRESS 4142 MELROSE AVE,UNIT #25
CITY-ST-ZIP ROANOKE VA 24017 ☐ Delete

TITLE AD
NAME MASON, Norman
STREET ADDRESS 3435 Chip Dr.
CITY-ST-ZIP Roanoke, VA 24012 ☒ Change ☐ Addition

TITLE SD
NAME MASON, BARBARA
STREET ADDRESS 4142 MELROSE AVE,UNIT #25
CITY-ST-ZIP ROANOKE VA 24017 ☐ Delete

TITLE SD
NAME MASON, Barbara
STREET ADDRESS 3435 Chip Dr.
CITY-ST-ZIP Roanoke, VA 24012 ☒ Change ☐ Addition

TITLE D
NAME SPENCER, PATRICIA
STREET ADDRESS 4142 MELROSE AVE,UNIT #25
CITY-ST-ZIP ROANOKE VA 24017 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ralph Hayslett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 (540) 265-2555
Date Daytime Phone #

CR2E034 (10/02)