

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90023 025 ***150.00

DOCUMENT # H75103

1. Entity Name

CATFISH JOHN'S, INC.

Principal Place of Business

**4817 SE DIXIE HWY
 3540 SE GULL LANE
 PORT SALERNO FL 34997
 US**

Mailing Address

**% JOHN T. SMITH
 3540 SE GULL LANE
 STUART FL 34997
 US**

2. Principal Place of Business

3. Mailing Address

6955 SW Woodbine Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm City, FL

4. FEI Number

59-2581725

Applied For

Not Applicable

Zip

Country

34990

Martin

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

SMITH, JOHN T

**3540 SE GULL LANE 6955 SW Woodbine Way
 STUART FL 34997 Palm City, FL 34990**

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.

SIGNATURE

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 **DP** ☐ Delete
 NAME **SMITH, JOHN T.**
 STREET ADDRESS **3540 S.E. GULL LANE**
 CITY-ST-ZIP **STUART FL**

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

TITLE **DS** ☐ Delete
 NAME **SMITH, SUZANNE M.**
 STREET ADDRESS **3540 S.E. GULL LANE**
 CITY-ST-ZIP **STUART FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)