

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-14-2002 90311 038 ***150.00

DOCUMENT # J03663

1. Entity Name

NOCATEE ENTERPRISES, INC.

Principal Place of Business

**245 S. BREVARD AVE
 ARCADIA FL 33821
 US**

Mailing Address

**P. O. BOX 1147
 ARCADIA FL 33821
 US**

2. Principal Place of Business

109 West Oak Street
 Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 1147
 Suite, Apt. #, etc.

City & State

Arcadia, Fl.

City & State

Arcadia, Fl.

4. FEI Number

65-0299415

Applied For

Not Applicable

Zip

Country

Zip

Country

34266 **US** **34265** **DeSoto**

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BRANNAN, GWEN S
 245 S. BREVARD AVE
 ARCADIA FL 33821**

7. Name and Address of New Registered Agent

Name

Same

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

109 West Oak Street

Arcadia

City

Florida

FL

Zip Code

34266

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

Gwen S. Brannan (GWEN S. BRANNAN)

4/23/02

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

TITLE **VS** ☐ Delete
 NAME **BRANNAN, GWEN S.**
 STREET ADDRESS **245 S. BREVARD AVE**
 CITY-ST-ZIP **ARCADIA FL**

TITLE **PT** ☐ Delete
 NAME **BRANNAN, GWEN S**
 STREET ADDRESS **245 S BREVARD AVENUE**
 CITY-ST-ZIP **ARCADIA FL 34266**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

Gwen S. Brannan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

863/494-7777

Daytime Phone #

CR2E034 (9/01)