

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90174 015 ***150.00

DOCUMENT # J35799

1. Entity Name
KATZ SPECIALTIES, INC.



Principal Place of Business
901 LEE LAND HGTS BLVD
LEHIGH ACRES FL 33936
US

Mailing Address
901 LEE LAND HGTS BLVD
LEHIGH ACRES FL 33936
US



☒ **CHECK HERE IF MAKING CHANGES**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2736840

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

KATZ, JOSEPH E.
302 N. GREENWOOD AVE.
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent

Name
Tim P. Katz

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

1221 Cortez Avenue

City
Lehigh Acres

FL

Zip Code
33936

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 **Tim P. Katz, M**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-24-03

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	KATZ, RACHEL W. <input type="checkbox"/> Delete	TITLE M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		NAME Tim P. Katz	
STREET ADDRESS	302 N GREENWOOD AVE	STREET ADDRESS 1221 Cortez Avenue	
CITY-ST-ZIP	LEHIGH ACRES FL	CITY-ST-ZIP Lehigh Acres, FL 33936	
TITLE VD	KATZ, JOSEPH E. <input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS	302 N GREENWOOD AVE	STREET ADDRESS	
CITY-ST-ZIP	LEHIGH FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-03

239-368-3415

Date

Daytime Phone #