2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED Apr 16, 2001 8:00 am Secretary of State **DOCUMENT # K69525** 1. Entity Name KATYCO TEMPORARY LEGAL SECRETARIES, INC. 04-16-2001 90280 034 ***150.00 Principal Place of Business Mailing Address 9231 SUN POINTE DR 9231 SUN POINTE DR **BOYNTON BCH FL 33437** BOYNTON BCH FL 33437 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0106617 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VANMORKHOVEN, MARCEL Street Address (P.O. Box Number, is Not Acceptable) 9231 SUN POINTE DR **BOYNTON BCH FL 33437** Zip Code City 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** DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME VANMORKHOVEN, KAY SHORT NAME STREET ADDRESS STREET ADDRESS 9231 SUN POINTE DR CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BCH FL** ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME VANHORKHOVEN, MARCEL STREET ADDRESS STREET ADDRESS 92231 SUN POINTE DR CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BCH FL** - ' Change - Addition' Delete TITLE NAME NAME VANHORKHOVEN, MARCEL STREET ADDRESS STREET ADDRESS 9231 SUN POINTE DR CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BCH FL** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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