

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90609 038 ****50.00

DOCUMENT # 201000000538 ✓
1. Entity Name
CATALYST ASSOCIATES, LLC

DO NOT WRITE IN THIS SPACE

958312

2. Principal Place of Business
1813 PASADENA DRIVE
Suite, Apt. #, etc.

3. Mailing Address
1813 PASADENA DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DUNEDIN, FLORIDA

City & State
DUNEDIN, FL

4. FEI Number
59-3691626

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
JOHN PUKAS

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

1813 PASADENA DRIVE

City
DUNEDIN

FL

Zip Code
34698

**DO NOT WRITE
IN THIS SPACE**

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] JOHN PUKAS, MANAGING MEMBER

4/30/2002
DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MANAGING MEMBER
JOHN PUKAS
1813 PASADENA DRIVE
DUNEDIN, FLORIDA 34698

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MANAGING MEMBER
HEIDI HART
1813 PASADENA DRIVE
DUNEDIN, FLORIDA 34698

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] JOHN PUKAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/2002 (977) 934-3374
Date Daytime Phone #

CR2ED03B (12/01)