

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L61664** ✓

1. Entity Name
KAT-BAT INC

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90195 049 ***150.00

Principal Place of Business

Mailing Address

19575-4 SR 7
BOCA RATON FL 33498

2. Principal Place of Business

3. Mailing Address

19575-4 SR 7
BOCA RATON FL 33498

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOCA RATON FL

BOCA RATON FL

Zip

Country

Zip

Country

33498

FLA

33498

USA

4. FEI Number

Applied For

05-0277300

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KATHLEEN HERBERT
8845 C ANDY COURT
BOYNTON BEACH FL 33436

Name

KATHLEEN HERBERT

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

8845 C ANDY COURT

City

BOYNTON BEACH

FL

Zip Code

33436

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

Kathleen Herbert

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, 2000 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 **PRES** **KATHLEEN HERBERT** ☐ Delete

NAME **KATHLEEN HERBERT**

STREET ADDRESS **8845 C ANDY COURT**

CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE **V.PRES** **JOAN DALTON** ☒ Delete

NAME **JOAN DALTON**

STREET ADDRESS **8845 C ANDY COURT**

CITY-ST-ZIP **BOYNTON BEACH FL 33436**

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

TITLE **PRES** **KATHLEEN HERBERT** ☐ Change ☐ Addition

NAME **KATHLEEN HERBERT**

STREET ADDRESS **8845 C ANDY COURT**

CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

Kathleen Herbert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-00

Date

487-6934

Daytime Phone #

CR2E034 (9/99)