FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90115 035 ***150.00

DOCUMENT # L88175

1. Entity Name
Catania & Catania, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
101 E. Kennedy blvd.	Same
Suite, Apt. #, etc. Ste. 101	Suite, Apt. #, etc.
City & State Tampa, Fla.	City & State
Zip 33602 / Country U.S.A.	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 593129566 — Applied For ☐ Not Applicable ☐

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Paul B. Catania
Street Address (P.O. Box Number is Not Acceptable): 101 E. Kennedy blvd. Ste. 101
City: Tampa **FL** Zip Code: 33602

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	Vice President	TITLE	
NAME	Peter F. Catania	NAME	
STREET ADDRESS	101 E. Kennedy blvd., ste. 101	STREET ADDRESS	
CITY-ST-ZIP	Tampa Fla 33602	CITY-ST-ZIP	
TITLE	President	TITLE	President
NAME	Paul B. Catania	NAME	same
STREET ADDRESS	101 E. Kennedy blvd., ste. 101	STREET ADDRESS	
CITY-ST-ZIP	Tampa, Fl. 33602	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: [signature] President 4-15-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #