2. Propiel Page of Busines 2. Propiel Page of Busines 3. Milling Address Suite, Apt. #, etc City & State Cit	2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L96854 1. Entity Name KATHERINE'S DRIVE AWAY, INC.					FILED Mar 15, 2000 8:00 am Secretary of State 03-15-2000 90076 037 ***150.00		
City & State 4. FEI Number Applied Tor	1931 86TH AVE PINELLAS PARH JS 2. Principal P	., NO. (FL 34666-5313 Place of Business	4931 86TH AVE PINELLAS PARK F US	NO. 12 33782-5313 1988		, 818 18110 81481 18181 81(1, 8181 8191	UIUII DIDII UIUII UI	
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WEEKS, KATHERINE M. 4931 B6TH AVE. N. PINELLAS PARK FL 33782 Name B. 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 Streat Address (PC. Box Number is Not. Acceptable) 9. This corporation is eligible to salisfy its intergible (See orifies on back) PLE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Pee will be \$550.00 Mate Check Payleto to Department of State 10. Electon Campaign Financing Tust Fund Controlution. Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Mate Fund State State 10. Electon Campaign Financing Tust Fund Controlution. Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Mate Fund State Stat	2:p			Country			Fee Requir	
4931 66TH AVE, N Delete International Control of the control of t		6. Name and Address of Curren	t Registered Agent	Name	7. Name an	d Address of New Register	rea Agent	
City FL Zip Code 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	4931 86TH AVE., N.			Street Ad	ess (P.O. Box Numl	per is Not Acceptable)		1 ¹
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International and the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, If urther certify that the information indicated on this report or supplemental reports in 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WEEKS, ARNOLD E. 4931 86TH AVE N	□ D	NAME STREET ADDRESS			Change	
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