

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003083

1. Entity Name

KITTY CORNER, INC.

FILED

May 09, 2002 8:00 am  
Secretary of State

05-09-2002 90058 040 \*\*\*\*61.25

Principal Place of Business

Mailing Address

708 PELICAN BAY DRIVE  
DAYTONA BEACH FL 32119

708 PELICAN BAY DRIVE  
DAYTONA BEACH FL 32119

2. Principal Place of Business

3. Mailing Address

27 So. St. Andrews Dr.

27 So. St. Andrews Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
ORMOND BCH, FL.

City & State  
ORMOND BCH, FL.

4. FEI Number  
59-3642698

Applied For  
Not Applicable

Zip  
32174

Country  
VOLUSIA

Zip  
32174

Country  
VOLUSIA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WREN, CYNTHIA  
708 PELICAN BAY DRIVE  
DAYTONA BEACH FL 32119

Name  
WREN, CYNTHIA

Street Address (P.O. Box Number is Not Acceptable)  
27 So. St. Andrews Dr.

City  
ORMOND BCH, FL Zip Code  
32174

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WREN, GLEN  
708 PELICAN BAY DRIVE  
DAYTONA BEACH FL 32119 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V. DT  
WREN, GLEN  
27 So. St. Andrews Dr.  
ORMOND BCH, FL 32174 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WREN, CYNTHIA  
708 PELICAN BAY DRIVE  
DAYTONA BEACH FL 32119 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDS  
WREN, CYNTHIA  
27 So. St. Andrews Dr.  
ORMOND BCH, FL 32174 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
VENIER, THOMAS  
1282 CUNNINGHAM CIRCLE DRIVE  
JACKSONVILLE FL 32259 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02 386- 6156570  
Date Daytime Phone #

CR2E037 (9/01)