

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
May 04, 2005 8:00 am
Secretary of State**

05-04-2005 90143 039 ***150.00

DOCUMENT # N03000003161	
1. Entity Name	
PB CATS, INC	

DO NOT WRITE IN THIS SPACE

20057362

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 325 S. Lakeside Dr. Western Beach, FL		P.O. BOX 2922 Suite, Apt. #, etc. 334072A	
City & State PALM BEACH, FL		City & State PALM BEACH, FL	
Zip 33480	Country	Zip 33480-2922	Country PALM BEACH

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name BETHANN POUNCEY	
	Street Address (P.O. Box Number is Not Acceptable)	
	325 S. Lakeside Ct #2A City West Palm Beach FL Zip Code 3341107	

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 _____ PRESIDENT _____ 2/16/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT BETHANNE POUNCEY PO BOX 2922 PALM BEACH FL. 33480-2922	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE  BETHANNE POUNCEY 2/16/2005 (561) 329-9184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #