

Amended  
**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

05-06-2005 90088 032 \*\*\*61.25  
N03000003161

FILED

05 MAY 25 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N03000003161

1. Entity Name

PB CATS, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

PO BOX 2922

Suite, Apt #, etc

3. Mailing Address

PO BOX 2922

Suite, Apt #, etc,

City & State

PALM BEACH, FL

City & State

PALM BEACH, FL

4. FEI Number

13-4258430

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

Zip

33480

Country

Palm Beach

Zip

33480

Country

Palm Beach

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Robert W Salter

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

214 Brazilian Ave #260

City

Palm Beach

FL

Zip Code

33480

**DO NOT WRITE  
IN THIS SPACE**

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

Bethanne Pouncey

President

4/27/2005

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

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be

Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President

Bethanne Pouncey

PO Box 2922

Palm Beach 33480

11.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

8/5/15

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

SIGNATURE:

Bethanne Pouncey

4/27/2005

(561) 329-9184

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Date

Daytime Phone #