

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90338 023 ****61.25

DOCUMENT # N29779

1. Entity Name

FLORIDA SUN CATS, INC.

Principal Place of Business

% SUE VICKERMAN
 1015 ARTHUR MOORE DRIVE
 GREEN COVE SPRINGS FL 32043

Mailing Address

% SUE VICKERMAN
 1015 ARTHUR MOORE DRIVE
 GREEN COVE SPRINGS FL 32043

2. Principal Place of Business

262 Wesley Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Green Cove Springs, FL

City & State

4. FEI Number

65-0060040

Applied For

Not Applicable

Zip
 32043

Country

Zip

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

REARK, BARBARA
 5805 AVENUE E
 BOX 624
 MCINTOSH FL 32664

7. Name and Address of New Registered Agent

Name Lorraine B. Salan

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

262 Wesley Rd
 Green Cove Springs, FL

City

FL

Zip Code

32043

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

Donaine B. Salan

7-18-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

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

TITLE SD ☐ Delete
 NAME KOEDEL, SUSAN
 STREET ADDRESS 4217 IRVINGTON AVE
 CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE VPD ☒ Delete
 NAME REARK, BARBARA
 STREET ADDRESS 5805 AVE E
 CITY-ST-ZIP MCINTOSH FL

TITLE PD ☐ Delete
 NAME HULL, SABRA
 STREET ADDRESS 8133 FIELDSIDE DR
 CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE TD ☐ Delete
 NAME SALAN, LORRAINE
 STREET ADDRESS 262 WESLEY RD
 CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☒ Addition
 NAME VICE PRESIDENT / D
 STREET ADDRESS VICKERMAN, SUE
 CITY-ST-ZIP 1015 ARTHUR MOORE DR
 GREEN COVE SPRINGS, FL 32043

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

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:

Donaine B. Salan

7-18-02

(904) 282-8190

CR2E037 (4/02)