

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48111

1. Entity Name

HELPING HOMELESS CATS, INC.

Principal Place of Business

VAUGHN BLDG
SUITE 7
TAVERNIER FL 33070
US

Mailing Address

PO BOX 81
TAVERNIER FL 33070
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0333032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLKOWSKY, JOESPH B
185 COCONUT ROW
TAVERNIER FL 33070

7. Name and Address of New Registered Agent

Name

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

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

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

TITLE DP ☐ Delete
NAME RODERG, MARY JANE
STREET ADDRESS 2223 BATTLEGROUND DR
CITY-ST-ZIP PIGEON FORGE TN 37863

TITLE DST ☐ Delete
NAME WEHRENBURG, VALERIE
STREET ADDRESS 189 FIRST CT
CITY-ST-ZIP KEY LARGO FL 33070

TITLE DVP ☐ Delete
NAME WOLKOWSKY, JOSEPH
STREET ADDRESS 185 COCONUT ROW
CITY-ST-ZIP TAVERNIER FL 33070

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

1/12/02

305 852 5661

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)