

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004859

1. Entity Name

C.A.T.S. INC. OF FT. WALTON BEACH

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90066 042 \*\*\*\*61.25

Principal Place of Business

Mailing Address

638 MERIONETH DR.  
 FT. WALTON BEACH FL 32547

638 MERIONETH DR.  
 FT. WALTON BEACH FL 32547-1757

2. Principal Place of Business

3. Mailing Address

117 London Ave

117 London Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Ft. Walton Beach, FL

City & State  
 FWB FL

4. FEI Number

31-1664143

Applied For

Not Applicable

Zip  
 32548

Country  
 US

Zip  
 32548

Country  
 US

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

HINCK, HELGA  
 638 MERIONETH DR.  
 FT. WALTON BEACH FL 32547

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
 NAME HINCK, HELGA  
 STREET ADDRESS 638 MERIONETH DR.  
 CITY-ST-ZIP FT. WALTON BEACH FL 32547

TITLE ☒ Change ☐ Addition  
 NAME Helga Hinck  
 STREET ADDRESS 117 London Ave  
 CITY-ST-ZIP FWB FL 32548

TITLE VD ☐ Delete  
 NAME FLORES, JIMMY  
 STREET ADDRESS 638 MERIONETH DR.  
 CITY-ST-ZIP FT. WALTON BEACH FL 32547

TITLE ☒ Change ☐ Addition  
 NAME Jimmy Flores  
 STREET ADDRESS 117 London Ave  
 CITY-ST-ZIP FWB FL 32548

TITLE D ☐ Delete  
 NAME HINCK, WALTER  
 STREET ADDRESS 638 MERIONETH DR.  
 CITY-ST-ZIP FT. WALTON BEACH FL 32547

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)