

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90072 019 ***150.00

DOCUMENT # P00000000997

1. Entity Name
KATRON CONSTRUCTION, INC.



Principal Place of Business
3500 ALOMA AVE STE C-42
WINTER PARK FL 32792

Mailing Address
3500 ALOMA AVE STE C-42
WINTER PARK FL 32792

2. Principal Place of Business
7319 Sandscare Ct

3. Mailing Address
7319 Sandscare Ct

Suite, Apt. #, etc.
#2

Suite, Apt. #, etc.
#2

City & State
Winter Park, FL

City & State
Winter Park, FL

Zip
32792

Country
USA

Zip
32792

Country
USA

6. Name and Address of Current Registered Agent
KALISH, RONALD
3500 ALOMA AVE STE C-42
WINTER PARK FL 32792

7. Name and Address of New Registered Agent
Name: KALISH, RONALD
Street Address (P.O. Box Number is Not Acceptable): 7319 Sandscare Ct. #2
City: Winter Park FL Zip Code: 32792

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

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 607, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

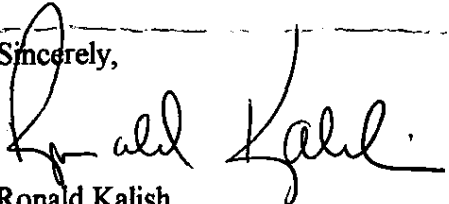
Attachment
86138032
P00000000997

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

As requested, this letter is to serve as notice that this is the first notice received to file. An attached copy of address page showing this item was forwarded to our new mailing address. All corrections necessary have been made on this report to allow for proper delivery in the future. As requested the original filing fee of \$150.00 is enclosed. Thank you for your understanding in this matter.

Sincerely,

 PRES.
Ronald Kalish