## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0000033054

1. Entity Name

CATALOGUE VENTURES, INC.



## FILED Mar 26, 2003 8:00 am Secretary of State

03-26-2003 90166 014 \*\*\*150.00

							TUE						
Principal Place of Business 6225 POWERS AVENUE JACKSONVILLE FL 32217			Mailing Address P.O. BOX 551260 JACKSONVILLE FL 32255										
2. Principal Place of Business			3. Mailing Address					,	†	<b>                                 </b>			
Suite, Apt. #, etc.			Suite, Apt. #, etc.						☐ CHECK HERE IF M	IAKING CH	ANGES		
City & State			City & State					4. FEI Number 59-3649150			<del></del>	plied For t Applicable	
Zip Country		*	Zip Ci			ountry 5.						75 Additional Required	
		d Address of Current	Radistere	d Agent		-		7. N	lame and Address of New Regis	tered Ager	ıt		
	o. Name an	d Address of Correll	negiatere	a Agent		Name			idino dila ricalesa orinani lagic	10.04,71901			
SCHNEIDER, MICHAEL N						Street Address (P.O. Box Number is Not Acceptable)							
5150 BELFORT ROAD													
BUILDING 100 JACKSONVILLE FL 32256						City			<u> </u>		Zip Code	-	
07.01.0011						Oity				FL			
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 \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							•		Election Campaign Financ     Trust Fund Contribution.	ing		May Be to Fees	
10.		OFFICERS AND		RS.	11.			ADI	DITIONS/CHANGES TO OFFICE	RS AND DIE	ECTORS	3 IN 11	
	100	OFFICERS AND	DINECTO				INIC	ガゔ	DITIONS OF 11 (140EG 16 6) 1 10E.	<del></del>	Change	Addition	
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NAME	ROSENBAUN				NAM	_	LUX		Daum, Jerrold Dowers Ave.				
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CITY-ST-ZIP	JACKSONVIL	LE FL 32217			CHY	-ST-ZIP	Ja c	<u> </u>	onville, FU 30				
TITLE	DEVP			Delete	TITLE		D/V	//	. 4	×	Change	Addition	
NAME	HILL, CURTIS	3			NAM		Hill	, a	rotis Powers Ave.				
STREET ADDRESS	6225 POWE					ET ADDRESS	622	5	Powers Ave.				
CITY-ST-ZIP	JACKSONVIL	LE FL 32217	<b>-</b>		CITY	-ST-ZIP	Ua.		sonville, FC 3.			-	
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NAME	BAUGUSS, L	AURIE			NAM		Bas	uau	iss Laurie	-			
STREET ADDRESS	6225 POWE	RS AVENUE				ET ADDRESS	6775	التح	owers Ave.				
CITY-ST-ZIP	JACKSONVIL	LE FL 32217			CITY	-ST-ZIP	Ta	CK	iss Laurie owers Ave. sonville FC 32	<u> </u>			
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NAME	ANGELO, BE	TH			NAM	E	And	gelo	Powers Ave			ĺ	
STREET ADDRESS	6225 POWE				STRE	ET ADDRESS	622	<b>2</b> 5 .	Powers Ave			j	
CITY-ST-ZIP		LE FL 32217			CITY	-ST-ZIP	U	201	Ksonville, FU	<u> 377</u>	<u> </u>		
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12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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