

2001 UNIFORM BUSINESS REPORT (UBR)

4/17

FILED

May 05, 2001 8:00 am
Secretary of State

04-17-2001 90075 049 ***150.00

DOCUMENT # P00000035307

1. Entity Name

C.A.T.S. GYMNASTICS OF JUPITER, INC.

Principal Place of Business
**1001 JUPITER PARK DR #104
JUPITER FL 33458**

Mailing Address
**1001 JUPITER PARK DR #104
JUPITER FL 33458**

2. Principal Place of Business

3. Mailing Address
3300 S. Congress Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 11

City & State

City & State
Boynton Beach, FL.

4. FEI Number

65-1002977

Applied For

Not Applicable

Zip

Country

Zip

Country

33426

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**HOWISON, TERRY
822 SW 34 AVE
BOYNTON BEACH FL 33435**

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **HOWISON, TERRY**
STREET ADDRESS **822 SW 34 AVE**
CITY-ST-ZIP **BOYNTON BCH FL 33435**

TITLE **TD** ☐ Delete
NAME **HOWISON, CAROLE**
STREET ADDRESS **822 SW 34 AVE**
CITY-ST-ZIP **BOYNTON BCH FL 33435**

TITLE **VD** ☐ Delete
NAME **HOWISON, NICOLE**
STREET ADDRESS **111 BUTTWOOD LN**
CITY-ST-ZIP **BOYNTON BCH FL 33435-3343**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☒ Change ☐ Addition
NAME **Britton, Nicole**
STREET ADDRESS **6754 Windpoint Way**
CITY-ST-ZIP **Lake Worth, FL. 33467**

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

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

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

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (10/00)