

ANNUAL REPORT

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

3300 S CONGRESS AVE
STE 11
BOYNTON BEACH, FL 33426

DO NOT WRITE IN THIS SPACE



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1002977

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
BRITTON, NICOLE
6754 WINDPOINT WAY
LAKE WORTH, FL 33467

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04

Date

561-733-3745

Daytime Phone #