

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90035 037 \*\*\*150.00

**DOCUMENT #** P000000043684

**1. Entity Name**  
 CATOR T. SHIRT SOLUTIONS INC.

**Principal Place of Business**  
 3731 NE 28TH TERR  
 OLAUD, FL 34474

**Mailing Address**  
 P.O. Box 1176  
 OLAUD, FL 34478

**2. Principal Place of Business**  
 3731 NE 28TH TERR

**3. Mailing Address**  
 P.O. Box 1176

Suite, Apt. #, etc.

**City & State**  
 OLAUD, FL

**City & State**  
 OLAUD, FL

**Zip**  
 34474

**Country**  
 USA

**Zip**  
 34474

**Country**  
 USA

**4. FEL Number**  
 59-3644650

**Applied For**  
☐ Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 KEENE D. WILLIAMS  
 3731 NE 28TH TERR  
 OLAUD, FL 34474

**7. Name and Address of New Registered Agent**

**Name**  
 JOY C. WILLIAMS

**Street Address (P.O. Box Number is Not Acceptable)**  
 3731 NE 28TH TERR

**City**  
 OLAUD

**FL**

**Zip Code**  
 34474

**8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida.**

**SIGNATURE** *Keene D. Williams* **KEENE D. WILLIAMS**

**DATE** 5/25/01

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☒ **FILE NOW!! After MAY 1, 2001 Make Check Payable**

**FEE IS \$150.00**  
**Fee will be \$550.00 to Department of State**

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

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> PRESIDENT	<input checked="" type="checkbox"/> Delete
<b>NAME</b> KEENE D. WILLIAMS	
<b>STREET ADDRESS</b> 3731 NE 28TH TERR	
<b>CITY-ST-ZIP</b> OLAUD, FL 34474	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> JOY C. WILLIAMS	
<b>STREET ADDRESS</b> 3731 NE 28TH TERR	
<b>CITY-ST-ZIP</b> OLAUD, FL 34474	
<b>TITLE</b> ASST SEC-TARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b> KEENE D. WILLIAMS	
<b>STREET ADDRESS</b> 3731 NE 28TH TERR	
<b>CITY-ST-ZIP</b> OLAUD, FL 34474	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

**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:** *JOY C. WILLIAMS* **JOY C. WILLIAMS**

**DATE** 5/25/01 **352-351-5582**

CR2E034 (11/00)