

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000046859

1. Entity Name  
BATTERY CATALYST ASSEMBLIES, INC.



FILED

03 NOV -6 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
1657 BROOKHOUSE CIRCLE, #154  
SARASOTA FL 34231

Mailing Address  
1657 BROOKHOUSE CIRCLE, #154  
SARASOTA FL 34231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1021585

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CLAYTON, MERYL CONTE~~  
~~1800 SECOND STREET, SUITE 880~~  
~~SARASOTA FL 34236~~

Name  
Pat DeMar  
Street Address (P.O. Box Number is Not Acceptable)  
1657 Brookhouse Circle  
Apt. #154  
City Sarasota FL Zip Code 34231

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 Patricia DeMar X DATE 10/20/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 D  
NAME DE MAR, PETER  
STREET ADDRESS 1657 BROOKHOUSE CIRCLE, #154  
CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

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

TITLE D  
NAME DE MAR, PATRICIA  
STREET ADDRESS 1657 BROOKHOUSE CIRCLE, #154  
CITY-ST-ZIP SARASOTA FL 34231 ☐ Delete

TITLE  
NAME 500024054675  
STREET ADDRESS 10/23/03--01078--007 \*\*150.00  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME 500024054675  
STREET ADDRESS 11/06/03--01060--007 \*\*800.00  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: Patricia DeMar X DATE 10/20/03 4609 941-918  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0106577 AV

CR2E034 (4/03)