

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90116 015 ***150.00

DOCUMENT # P00000051196

1. Entity Name

CATAPULT, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2741 NE 12th STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

POMPANO BEACH, FL

Zip
33062

Country

BROWARD

Zip

Country

* FEI Number

65-1011494

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARGARET L. GORMAN

Street Address (P.O. Box Number is Not Acceptable)

2741 NE 12th STREET

City

POMPANO BEACH

FL

Zip Code

33062

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

Margaret L. Gorman

Signature, typed or printed name of registered agent and filer, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-02

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

January 1 - May 1: Fee is \$150.00

After May 1, Fee is: \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
D
MARGARET L. WIELAND
2741 NE 12th STREET
POMPANO BEACH, FL 33062

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D.P.
MARGARET L. GORMAN
2741 NE 12th STREET
POMPANO BEACH, FL 33062

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVP
THOMAS C. GORMAN
2741 NE 12th STREET
POMPANO BEACH, FL 33062

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 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 #

CR2E034B (12/01)