

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 21, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90204 050 \*\*\*150.00

**DOCUMENT # P00000060332**1. Entity Name  
CATEGORY I, INC.Principal Place of Business  
279 89TH ST  
OCEAN MARATHON FL 33050Mailing Address  
279 89TH ST  
OCEAN MARATHON FL 33050

2. Principal Place of Business

PALM BEACH SHORES FLA.

3. Mailing Address

215 SANDAL LN.

Suite, Apt. #, etc.

215 Sandal Lane

Suite, Apt. #, etc.

City &amp; State

PALM BEACH SHORES FL

City &amp; State

City &amp; State

Zip

33404

Country

PALM BEACH

Zip

Country

Country

4. FEI Number

65-1017437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

CONLIN & MAC MAHON, P.A.  
63 53RD ST  
OCEAN MARATHON FL 33050

7. Name and Address of New Registered Agent

Name Dermot P. Mac Mahon

Street Address 1860 Forest Hill Blvd.

Suite 105

City West Palm Beach

FL 33406

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 *Dermot P Mac Mahon*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/01

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and effects 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 State10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
PT	Paul C. Meunier	215 Sandal Lane	Palm Beach Shores, FL 33404	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input checked="" type="checkbox"/> Delete
VP S	Kathleen A. Meunier	215 Sandal Lane	Palm Beach Shores, FL 33404	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

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				<input type="checkbox"/>

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				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VP, S	GREG MOUNIER	709 ARDMORE	WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Paul C Meunier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01 (561) 722-9654

Date

Daytime Phone #

CR2E034 (10/00)