

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
 05-04-2001 90085 001 ***150.00

DOCUMENT # P00000086340

1. Entity Name
KATIE BEE ENTERTAINMENT, INC.

Principal Place of Business
C/O KATHLEEN M. DIVELLA
271 SW GLEN RD.
PT. ST. LUCIE FL 34953

Mailing Address
C/O KATHLEEN M. DIVELLA
271 SW GLEN RD.
PT. ST. LUCIE FL 34953

C0060050



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1027686

Applied For

Not Applicable

Zip

Country

Zip

Country

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

EDGE, JOSEPH
C/O THE TAX SHOPPE
932 SW BAYSHORE BLVD.
PT. ST. LUCIE FL 34983

Name **KATHLEEN DIVELLA**

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

271 SW GLEN RD

City **PORT ST LUCIE**

FL

34953

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 **X Kathleen Divella**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES.** ☐ Delete
 NAME **KATHLEEN DIVELLA**
 STREET ADDRESS **271 S.W. GLEN RD**
 CITY-ST-ZIP **PORT ST. LUCIE, FL 34953**

TITLE **PRES.** ☐ Change ☒ Addition
 NAME **KATHLEEN DIVELLA**
 STREET ADDRESS **271 S.W. GLEN RD.**
 CITY-ST-ZIP **PORT ST. LUCIE, FL 34953**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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: **X Kathleen Divella**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)