

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90241 008 ***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

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 65-1027686Applied 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****DIVELLA, KATHLEEN**
271 SW GLEN RD
PORT SAINT LUCIE FL 34953

Name

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

City

FL

Zip Code

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**

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. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
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** ☐ Delete
NAME **P**
STREET ADDRESS **DIVELLA, KATHLEEN**
CITY-ST-ZIP **271 SW GLEN RD**
PORT SAINT LUCIE FL 34953**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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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:****SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
DH#0000086340
B0128503

**KATIE BEE ENTERTAINMENT, INC.
EDUCATIONAL DIVISION**

**Motivational Programs
With Fun And Laughter!**

July 6, 2002



Kathy & Roger

To Whom It May Concern:

When we received this in the mail we immediately contacted the people who file our income tax and were told that we should have received this in January.

I am inclosing a check for \$150, which we were told was the required payment in January. Please excuse this delay since this was the first notice we have received.

We are only a husband and wife who entertain children for a living and this is a new experience for us. If we had received this paperwork in January we would have certainly sent in our \$150 check then.

Thank you for your understanding.

Sincerely,

Kathy Divella

Kathy Divella

Katie Bee Entertainment, Inc.