

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

FILED

DOCUMENT # P00000102964

1. Entity Name

KATS Little Kittens Learning Center, INC.

02 NOV 27 AM 11:15

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3692 Beach Blvd.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

4. FEI Number

59-3681182

Applied For

Not Applicable

Zip

32207

Country

DUVAL

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

7. Name and Address of Current Registered Agent

Name

TONA K. COATES

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

1794 Rogers Road

City

JACKSONVILLE

FL

Zip Code

32211

**DO NOT WRITE
 IN THIS SPACE**

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

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) ☒

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	<u>PRESIDENT</u> <u>KATRINA THOMAS</u> <u>3692 BEACH BLVD</u> <u>JAX, FL 32207</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>000009248370</u> <u>11/27/02--01101--027</u> <u>**300.00</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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

11/25/02

Date

Daytime Phone #

CR2E034B (12/01)

11/24/02

**KATS LITTLE KITTENS LEARNING CENTER, INC.
3692 BEACH BLVD.
JACKSONVILLE, FL 32207
(904) 306-0038**

November 8, 2002

**Department of State
P.O. Box 6327
Tallahassee, FL 32314**

Ref: Annual Filing

Dear Sirs:

Please find enclosed our check for \$300.00 for our annual report due 5/1/02. This is the \$150.00 fee plus the annual report fee & corporate supplemental fee. We did not receive our annual report for filing in January, 2002.

Per our telephone conversation with your office today we are enclosing the annual report obtained online + our fee of \$300.00

If you have any questions, please call.

Sincerely,

**Katrina Thomas
President**