


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

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90576 022 ***150.00

DOCUMENT # P00000109719

1. Entity Name
JON & KAT, INC.



DO NOT WRITE IN THIS SPACE

54039615

2. Principal Place of Business 440 NE LEADING FROG WAY PORT ST. LUCIE, FL 34983

3. Mailing Address 440 NE LEADING FROG WAY PORT ST. LUCIE, FL 34983

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State 440 NE LEADING FROG WAY PORT ST. LUCIE, FL City & State 440 NE LEADING FROG WAY PORT ST. LUCIE FL

4. FEI Number 65-1065633 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Zip 34983 Country ST. LUCIE Zip 34983 Country ST. LUCIE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name NOVIELLO JOHN

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

440 NE LEADING FROG WAY

City PORT ST. LUCIE FL Zip Code 34983

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$250.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing, Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	<u>D</u>	TITLE	
NAME	<u>NOVIELLO JOHN</u>	NAME	
STREET ADDRESS	<u>440 NE LEADING FROG WAY</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>PORT ST LUCIE FL 34983</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: John Novello J. Novello 4/26/04 772-871-1864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)