

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90145 004 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108719			
1. Entity Name JON & KAT, INC.			
Principal Place of Business 223 RIVERWALK FORT PIERCE, FL 34949		Mailing Address 223 RIVERWALK FORT PIERCE, FL 34949	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1065533		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOVIELLO, JOHN 10081 CANOE BROOK CIRCLE BOCA RATON, FL 33498		7. Name and Address of New Registered Agent Name NOVIELLO JOHN Street Address (P.O. Box Number is Not Acceptable) 223 RIVERWALK City FORT PIERCE FL Zip Code 34949	
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 _____ DATE _____ (NOTE: Registered Agent signature required when registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVIELLO, JOHN 10081 CANOE BROOK CIRCLE BOCA RATON, FL 33498 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOVIELLO JOHN 223 RIVERWALK FORT PIERCE FL 34949 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: JOHN NOVIELLO		Date 4/16/03 772-464-3179	

60018647



☐ CHECK HERE IF MAKING CHANGES

CR12E034 (10/02)