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

DOCI IMENT # P01000049723

## Apr 11, 2003 8:00 am Secretary of State

	•	45725			04-11-2003 90112 02	8 ***130.00
1. Entity Name	CAT CRUISING	, IÑC.		•	; }	
	DO NOT WRI	TE IN THIS SPACE				
	zene: wa	IE III MAO OLAGO			10067322	
2. Principal Pla		3. Mailing Address .	<u> </u>			
	415 - 11TH AVE SO 4		415 - 11TH AVE SO Suite, Apt. #, etc.			
	C / O J B HAYNES C		C /O J B HAYNES		DO NOT WRITE IN THIS SPACE	
City & State NAPLES		City & State NAPLES FL			4. FEI Number 59-3721943	Applied For Not Applicable
Zip	Country	Zip	Country			3.75 Additional
34102	USA	34102	USA		<del></del>	e Required
	DO NOT WRITE IN	IHIS SPACE		7. Name and Address of Current Registered Agent Name		
				DOUGLAS L RANKIN ESO Street Address (P.O. Box Number is Not Acceptable)		
				2335 TAMIAMI TRAIL N		
				STE # 3		
				city NAPLES	FL	Zip Code 34103
			ing its reg		egistered agent, or both, in the State of Florida.	
and accept i	the obligations of registered ago	ent.			. , , .	
SIGNATURE _						
	ignature, typed or printed name of re Inry 1 May 1 Fee is \$150.00	egistered agent and title if applicat	ole. (N	IOTE: Registered Ag	ent signature required when reinstating)	DATE
A	offer May 1, Fee is \$550.00 Amended UBR is \$61.25 ayable to Florida Department	of State			Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Se Added to Fees
10.	OFFICERS AN	D DIRECTORS				
	D		THIE			
NAME			HAME	ET ADORESS		
NAME STREET ADDRESS CITY - ST - ZIP	D J AMES B HAYNI	E \$O	HAME STREE CITY			
NAME STREET ADDRESS CITY - ST - ZIP TITLE	D J AMES B HAYNE 415 - 11TH AVI	E \$O	HAME STREE GITY- TITLE	ET ADDRESS SY - 21P		
NAME STREET ADDRESS CITY - ST - ZIP	D J AMES B HAYNE 415 - 11TH AVI	E \$O	HAME STREE GETY- TITLE NAME	ET ADDRESS SY - 21P		
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	D J AMES B HAYNE 415 - 11TH AVI	E \$O	HAME STREE GEY- ITILE NAME STREE CETY-	ET ADDRESS ST-2IF		
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	D J AMES B HAYNE 415 - 11TH AVI	E \$O	HAME STREE GITY INTLE HAME STREE GITY	ET ADDRESS ST - ZIP ET ADDRESS ST - ZIP		
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE	D J AMES B HAYNE 415 - 11TH AVI	E \$O	HAME STREE GITY- INTLE NAME STREE GITY TILL NAME	ET ADDRESS ST - ZIP ET ADDRESS ST - ZIP		
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME "STREET ADDRESS CITY - ST - ZIP CONTACTOR OF THE PARTY OF T	D J AMES B HAYNE 415 - 11TH AVI	E \$O	HAME STREE GITY HOME STREE GITY TILL HAME STREE GITY GITY	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	DO NOT WRITE IN THIS S	SPACE
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	D J AMES B HAYNE 415 - 11TH AVI	E \$O	HAME STREE GITY HTTLE NAME STREE GITY TITLE NAME STREE	ET ADDRESS ST - ZIP	DO NOT WRITE IN THIS S	SPACE
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME "STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	D J AMES B HAYNE 415 - 11TH AVI	E \$O	AAME STREE GETY ITHE STREE GETY TITLE GETY TITLE HAME STREE STREE STREE STREE	ET ADDRESS ST - ZIP  ET ADDRESS ST - ZIP  ET ADDRESS ST - ZIP	DO NOT WRITE IN THIS S	SPACE
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	D J AMES B HAYNE 415 - 11TH AVI	E \$O	AAME STREET GETY I'ME STREET GETY THES STREET GETY THES STREET GETY THES STREET GETY THES STREET GETY	ET ADDRESS ST - ZIP	DO NOT WRITE IN THIS S	SPACE
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME "STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	D J AMES B HAYNE 415 - 11TH AVI	E \$O	AAME STREE GETY ITHE STREE GETY TITLE GETY TITLE HAME STREE STREE STREE STREE	ET ADDRESS ST - ZIP  ET ADDRESS ST - ZIP  ET ADDRESS ST - ZIP	DO NOT WRITE IN THIS S	SPACE.
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D J AMES B HAYNE 415 - 11TH AVI	E \$O	AAME STREET GETY I'ME STREET GETY TITLE AAME STREET GETY TITLE STREET GETY TITLE STREET STREET STREET STREET STREET	ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	DO NOT WRITE IN THIS S	SPACE
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	D J AMES B HAYNE 415 - 11TH AVI	E \$O	AAME STREET GETY- ITHE STREET GETY- THIS STREET GETY- TIME STREET	ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	DO NOT WRITE IN THIS S	SPACE
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	D J AMES B HAYNE 415 - 11TH AVI	E \$O	AAME STREET GETY I'ME STREET GETY TITLE AAME STREET GETY TITLE STREET GETY TITLE STREET STREET STREET STREET STREET	ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	DO NOT WRITE IN THIS S	SPACE.
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME - STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE	D J AMES B HAYNE 415 - 11TH AVI	E \$O	HAME STREET GETY- ITHE STREET GETY- THESE STREET GETY- THESE STREET HAME STREET	ET ADDRESS ST-ZIP  ET ADDRESS ST-ZIP	DO NOT WRITE IN THIS S	SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

TAMUE TRECTOR

Daytime Phone #

STF FL32381F 1