

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91379 008 ***150.00

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DOCUMENT # P01000052812

1. Entity Name
CATRETT BROTHERS FLAT & BLOCK, INC.



Principal Place of Business
**4638 GAZANIA ST
NEW PORT RICHEY FL 34652**

Mailing Address
**4638 GAZANIA ST
NEW PORT RICHEY FL 34652**



2. Principal Place of Business
13636 Litewood Dr
Suite, Apt. #, etc.

3. Mailing Address
13636 Litewood Dr
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
HUDSON FL 34669
Zip
34669 Country
USA

City & State
HUDSON FL
Zip
34669 Country
USA

4. FEI Number **59-3731669**
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GARDNER, SUSAN L
311 S MISSOURI AVE
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

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

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 **D** ☐ Delete
NAME **CATRETT, JOHNEY W**
STREET ADDRESS **4638 GAZANIA ST**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☒ Change ☐ Addition
NAME **CATRETT, Johnney W**
STREET ADDRESS **5861 W OAKLAWN ST**
CITY-ST-ZIP **HOMOSASSA, FL 34446**

TITLE **D** ☐ Delete
NAME **CATRETT, DALE L**
STREET ADDRESS **16129 TOMAHAWK ST**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Johnney W Catrett **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03 727-869-7838
Date Daytime Phone #

CR2E034 (10/02)