FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
02 OCT -2 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/11/02--01084--008
****550.00 ****550.00

DOCUMENT # P01000054013

1. Entity Name
CATILLON PROPERTY INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
103, N. MERIDIAN STREET	103, N. MERIDIAN STREET
Suite, Apt. #, etc.: LOWER LEVEL	Suite, Apt. #, etc.: LOWER LEVEL
City & State: TALLAHASSEE, FLORIDA	City & State: TALLAHASSEE, FLORIDA
Zip: FL 32301 Country: USA	Zip: FL 32301 Country: USA

4. FEI Number: 90-0023147 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CORPDIRECT AGENTS INC.

Street Address (P.O. Box Number is Not Acceptable): 103, N. MERIDIAN STREET, LOWER LEVEL,

City: TALLAHASSEE FL Zip Code: 32301

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when changing)

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	DP
NAME	MARTIN CHARLES PORTER
STREET ADDRESS	PO BOX 175, FRANCES HOUSE, SIR
CITY-ST-ZIP	WILLIAM PLACE, ST PETER PORT, GUERNSEY GY1 4HQ
TITLE	DV
NAME	MARTYN ERIC RUSHER
STREET ADDRESS	POBOX 175, FRANCES HOUSE, SIR
CITY-ST-ZIP	WILLIAM PLACE, ST PETER PORT, GUERNSEY GY1 4HQ
TITLE	
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CR2E034B (12/01)

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: _____ MARTIN PORTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 20 SEPT 02 Daytime Phone # 14817313129