

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0006314 AV

DOCUMENT # P01000054013

1. Entity Name
CATILLON PROPERTY, INC.



FILED

03 SEP -3 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
103 N MERIDIAN STREET LOWER LEVEL
TALLAHASSEE FL 32301

Mailing Address
103 N MERIDIAN STREET LOWER LEVEL
TALLAHASSEE FL 32301



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 90-0023147

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CORP DIRECT AGENTS~~

103 N MERIDIAN STREET LOWER LEVEL
TALLAHASSEE FL 32301

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE DP ☐ Delete
NAME PORTER, MARTIN CE
STREET ADDRESS PO BOX 175, FRANCIS HOUSE SIR WILLIAM PLACE
CITY-ST-ZIP ST. PETER PORT GUERNSEY GY1 4HQ

TITLE DV ☒ Delete
NAME PORTER, MARTIN CE
STREET ADDRESS PO BOX 175, FRANCIS HOUSE SIR WILLIAM PLACE
CITY-ST-ZIP ST. PETER PORT GUERNSEY GY1 4HQ

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME FRANCES HOUSE
STREET ADDRESS
CITY-ST-ZIP

TITLE DV ☒ Change ☐ Addition
NAME RUSSELL, MARTYN E
STREET ADDRESS PO BOX 175, FRANCIS HOUSE, SIR WILLIAM PLACE
CITY-ST-ZIP ST. PETER PORT, GUERNSEY, GY1 4HQ

TITLE ☐ Change ☐ Addition
NAME 000023253890
STREET ADDRESS 09/23/03-01001-005 **300.00
CITY-ST-ZIP

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

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

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 or without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

DIRECTOR

25/07/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)