

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90044 017 ***150.00

DOCUMENT # P01000062453

1. Entity Name
FAST CATS CATERING INC.

Principal Place of Business

**215 8TH STREET EAST
 BRADENTON FL 34208**

Mailing Address

**215 8TH STREET EAST
 BRADENTON FL 34208**



2. Principal Place of Business

1300 Hendry Street

3. Mailing Address

1300 Hendry Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FL Myers, Florida

City & State

FL Myers, Florida

4. FEI Number

59-3738693

Applied For

Not Applicable

Zip

33901

Country

USA

Zip

33901

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent -

**FRIDSHAL, JOAN
 215 8TH STREET EAST
 BRADENTON FL 34208**

7. Name and Address of New Registered Agent

Name

Joan Fridshal

Street Address (P.O. Box Number is Not Acceptable)

Westland Consulting

220 North Tenth Avenue, Suite B

City

Sarasota

FL

Zip Code

34237

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

Joan Fridshal

(NOTE: Registered Agent signature required when reinstating)

4/30/02
 DATE

**9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)**

☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **D** ☐ Delete
NAME **ANTOS, MARK**
STREET ADDRESS **560 SPINNAKER LANE**
CITY-ST-ZIP **LONG BOAT KEY FL 34228**

TITLE **D** ☐ Delete
NAME **ANDERSON, SHARON**
STREET ADDRESS **560 SPINNAKER LANE**
CITY-ST-ZIP **LONG BOAT KEY FL 34228**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Sharon Anderson V.P.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)