

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000067846

1. Entity Name
BARKING CATS INCORPORATED

Principal Place of Business
20119 HOLLAND AVE
PT CHARLOTTE FL 33952

Mailing Address

20119 HOLLAND AVE
PT CHARLOTTE FL 33952

2. Principal Place of Business

3. Mailing Address

P.O. Box 380581

Suite, Apt. #, etc.

City & State

City & State

MURDOCK, FL

Zip

Zip

33938-0561 Charlotte

Country

4. FEI Number

65-1121422

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAWLES, PAULA F
20119 HOLLAND AVE
PT CHARLOTTE FL 33952

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (9/01)

TITLE D
NAME FOLEY, COLLEN C
STREET ADDRESS 20119 HOLLAND AVE
CITY-ST-ZIP PT CHARLOTTE FL 33952

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME HAAS, TAMMY L
STREET ADDRESS 20119 HOLLAND AVE
CITY-ST-ZIP PT CHARLOTTE FL 33952

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME RAWLES, PAULA F
STREET ADDRESS 20119 HOLLAND AVE
CITY-ST-ZIP PT CHARLOTTE FL 33952

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE D
NAME HABERKAMP, ROBERT E
STREET ADDRESS 3403 TRIPOLI BLVD
CITY-ST-ZIP PUNTA GORDA FL 33950

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *Paula F Rawles* PAULA F RAWLES 4/17/02 9417669100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90026 029 ***150.00



DO NOT WRITE IN THIS SPACE