

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90448 016 ***150.00

DOCUMENT # P02000008713

1. Entity Name
CATALAND TECHNOLOGY GROUP, INC.



Principal Place of Business
**3636 CARDINAL POINT DRIVE
JACKSONVILLE FL 32257**

Mailing Address
**3636 CARDINAL POINT DRIVE
JACKSONVILLE FL 32257**



2. Principal Place of Business
3740 St. Johns Bluff

Suite, Apt. #, etc.
Suite #5

City & State
JACKSONVILLE, FL

Zip
32224

Country
DUVAL

3. Mailing Address
3740 St. Johns Bluff

Suite, Apt. #, etc.
Suite #5

City & State
JACKSONVILLE, FL

Zip
32224

Country
DUVAL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
75-2984007

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CATALAND, AMY P
2219 ALICIA LANE
ATLANTIC BEACH FL 32233**

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 *James R. Cataland*
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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P Amy P. Cataland
STREET ADDRESS	3740 St. Johns Bluff, Ste 5
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES R. CATALAND
STREET ADDRESS	3740 St. Johns Bluff, Ste 5
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *James R. Cataland* **James R. Cataland** 2/7/03 904-998-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)