

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-10-2003 90160 029 ***150.00

DOCUMENT # P02000011734

1. Entity Name

C.A.T. FINANCIAL, INC.



Principal Place of Business

1857 N PINE ISLAND RD
PLANTATION FL 33322

Mailing Address

1857 N PINE ISLAND RD
PLANTATION FL 33322

2. Principal Place of Business

321 West Osceola Blvd.

3. Mailing Address

321 West Osceola Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale FL

City & State

Fort Lauderdale FL

Zip

33315

Country

U.S.A.

Zip

33315

Country

U.S.A.

4. FEI Number

38-3642147

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

TEDESCO, CATHIE U
1857 N PINE ISLAND RD
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name

TeDESCO, Cathie U.
Street Address (P.O. Box Number is Not Acceptable)

321 West Osceola Blvd.

City

Fort Lauderdale

FL

Zip Code

33315

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

Cathie U. TeDESCO President

3/4/2003

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	D	<input checked="" type="checkbox"/> Delete
NAME	TEDESCO, CATHIE U	
STREET ADDRESS	1857 N PINE ISLAND RD	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TEDESCO, THOMAS J JR	
STREET ADDRESS	1857 N PINE ISLAND RD	
CITY-ST-ZIP	PLANTATION FL 33322	
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	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TeDESCO, Cathie U.	
STREET ADDRESS	321 West Osceola Blvd.	
CITY-ST-ZIP	Fort Lauderdale, FL 33315	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TeDESCO, Thomas J. Jr.	
STREET ADDRESS	321 West Osceola Blvd.	
CITY-ST-ZIP	Fort Lauderdale, FL 33315	
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		
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:

Cathie U. TeDESCO 3/4/2003 954.463-1776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)