

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000027223**

1. Entity Name  
**CATALYST COMPUTER SYSTEMS, INC.**



Principal Place of Business  
12135 HIDDEN HILLS DRIVE  
JACKSONVILLE FL 32225

Mailing Address  
12135 HIDDEN HILLS DRIVE  
JACKSONVILLE FL 32225

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Applied For  
Not Applicable

Country

\$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KAVAN, C. BRUCE  
12135 HIDDEN HILLS DRIVE  
JACKSONVILLE FL 32225

*Spelling  
KAVAN*

Name: **KAVAN, C. BRUCE**

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 \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE: **President**  
NAME: **C-Bruce Kavan**  
STREET ADDRESS: **12135 Hidden Hills Dr**  
CITY-ST-ZIP: **Jacksonville, FL 32225**

Delete

TITLE: **Jackavale, FL 32225**  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

Change  Addition

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: *Catalyst* REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**President**

**4/4/03**

Date

Daytime Phone #



CHECK HERE IF MAKING CHANGES

4. FEI Number  
**90-0013970**

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

CR2E034 (10/02)