


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90715 019 \*\*\*150.00

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<b>DOCUMENT #</b> P02000052411	
<b>1. Entity Name</b> TU KATZ ENTERPRISES I, INC.	

<b>Principal Place of Business</b> 5995 W. IRLO BRONSON HWY. KISSIMMEE FL 34747	<b>Mailing Address</b> P.O. BOX 770818 ORLANDO FL 32877
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<b>2. Principal Place of Business</b> 6051 W. IRLO BRONSON HWY. Suite, Apt. #, etc.	<b>3. Mailing Address</b> P.O. Box 770818 Suite, Apt. #, etc.
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<b>City &amp; State</b> Kissimmee, Fla.	<b>City &amp; State</b> Orlando, Fla.
<b>Zip</b> 32817	<b>Zip</b> 32817
<b>Country</b> USA	<b>Country</b> USA

<b>4. FEL Number</b> 59-3680585	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> ROGERS, TANYA L 5995 W. IRLO BRONSON HWY. KISSIMMEE FL 34747
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<b>7. Name and Address of New Registered Agent</b> Name: Angie Estes Street Address (P.O. Box Number is Not Acceptable): 6051 W. IRLO BRONSON HWY. City: Kissimmee FL 34747
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<b>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:</b>	
<b>SIGNATURE</b> Angie Estes	<b>DATE</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> ROGERS, TANYA L 5995 W. IRLO BRONSON HWY. KISSIMMEE FL 34747 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> ESTES, ANGELA A 5995 W. IRLO BRONSON HWY. KISSIMMEE FL 34747 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>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.</b>	
<b>SIGNATURE:</b> Tanya L Rogers	<b>DATE:</b> April 30 407-402-1453

CP2E034 (10/02)