

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0069436 AV

DOCUMENT # P02000065844

1. Entity Name
KATY & SUZY PRODUCTIONS, INC.



Principal Place of Business
2274 WILTON DRIVE
WILTON MANORS FL 33305

Mailing Address
2274 WILTON DRIVE
WILTON MANORS FL 33305

FILED
03 SEP 17 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES **03**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, KEVIN
1449 N.E. 23RD STREET
WILTON MANORS FL 33305

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 Kevin Davis
(Signature) typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS DAVIS, KEVIN
CITY-ST-ZIP 1449 N.E. 23RD STREET
WILTON MANORS FL 33305

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500023147765
09/17/03--01069--004 **\$50.00

TITLE ☐ Delete
NAME D
STREET ADDRESS MICHAELS, ERIC
CITY-ST-ZIP 843 N.E. 22ND DRIVE
WILTON MANORS FL 33305

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Kevin Davis

9-16-03

954-563-1981

CR2E034 (4/03)