

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90151 020 ***150.00

DOCUMENT # P02000068782

1. Entity Name
ALLI CATS INCORPORATED



Principal Place of Business
**7831 REFLECTION COVE DRIVE
106
FT. MYERS FL 33907**

Mailing Address
**7831 REFLECTION COVE DRIVE
106
FT. MYERS FL 33907**



2. Principal Place of Business
12211 S. CLEVELAND AVE.
Suite, Apt. #, etc.

3. Mailing Address
12211 S. CLEVELAND AVE.
Suite, Apt. #, etc.

City & State
FORT MYERS, FL

City & State
FORT MYERS, FL

4. FEI Number
42-1539826

Applic For
Not Applicable

Zip
33907

Country
LEE

Zip
33907

Country
LEE

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

6. Name and Address of Current Registered Agent

**HILL, PAUL
7831 REFLECTION COVE DRIVE
106
FT. MYERS FL 33907**

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 _____ (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 **P** ☐ Delete
NAME **HILL, PAUL**
STREET ADDRESS **7831 REFLECTION COVE DRIVE # 106**
CITY-ST-ZIP **FT. MYERS FL 33907**

TITLE **V** ☐ Delete
NAME **HILL, TERESA**
STREET ADDRESS **7831 REFLECTION COVE DRIVE # 106**
CITY-ST-ZIP **FT. MYERS FL 33907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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: SIGNATURE RE/DELETED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/03 239-274-0744
Date Daytime Phone #

CR2E034 (10/02)