

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91786 006 ***150.00

0564199 AV

DOCUMENT # P02000074412

1. Entity Name
KATIDID, INC.



Principal Place of Business
**4931 80TH AVE. CIR. E
SARASOTA FL 34237**

Mailing Address
**4931 80TH AVE. CIR. E
SARASOTA FL 34237**

2. Principal Place of Business

**601 Falkenburg Rd S
Suite, Apt. #, etc.
1-2**

3. Mailing Address

**601 Falkenburg Rd
Suite, Apt. #, etc.
1-2**

City & State

**Tampa, FL
Zip 33619-8057 Country USA**

City & State

**Tampa, FL
Zip 33619-8057 Country USA**

4. FEI Number

11-3643675

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, KATHERINE L ESQ
2033 MAIN STREET, SUITE 600
SARASOTA FL 34237**

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 **D** ☐ Delete
NAME **LESTER, JR., KENNETH T**
STREET ADDRESS **4931 80TH AVE. CIR. E**
CITY-ST-ZIP **SARASOTA FL 34237**

TITLE **D** ☐ Delete
NAME **SMITH, KATHERINE L**
STREET ADDRESS **4931 80TH AVE. CIR. E**
CITY-ST-ZIP **SARASOTA FL 34237**

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
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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: **KATHERINE L SMITH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/03 (941) 366-8100
Date Daytime Phone #

CR2E034 (10/02)