

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**  
05-02-2003 90111 004 \*\*\*150.00

0000635 AT

**DOCUMENT #** P02000128230

**1. Entity Name**  
KATYKOATINGS, INC.



**Principal Place of Business**  
9655 S HWY 121  
MACCLENLY FL 32063

**Mailing Address**  
P O BOX 1323  
MACCLENLY FL 32063

**2. Principal Place of Business**  
SAME Above  
Suite, Apt. #, etc.

**3. Mailing Address**  
SAME above  
Suite, Apt. #, etc.

**City & State**

**City & State**

**4. FEI Number**  
51-0446428

**Applied For**  
Not Applicable

**Zip** **Country**

**Zip** **Country**

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

☒ CHECK HERE IF MAKING CHANGES

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

GORE, POLLY  
9655 S HWY 121  
MACCLENLY FL 32063

**7. Name and Address of New Registered Agent**

**Name** Michael R. Bradley  
**Street Address (P.O. Box Number is Not Acceptable)**  
1128 Copper Gate Place  
**City** Macclenny **FL** **Zip Code** 32063

**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** Michael R. Bradley

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

4-30-03

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

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

**TITLE** D ☐ Delete  
**NAME** BRADLEY, MICHAEL R  
**STREET ADDRESS** RT 1 BOX 1445  
**CITY-ST-ZIP** ST GEORGE GA 31646

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

**TITLE** D ☒ Delete  
**NAME** VANMETER, ALLEN R  
**STREET ADDRESS** 10671 W ST MARYS CIRCLE  
**CITY-ST-ZIP** MACCLENLY FL 32063

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

**TITLE** D ☐ Delete  
**NAME** GORE, POLLY  
**STREET ADDRESS** 1128 COPPER GATE PLACE  
**CITY-ST-ZIP** MACCLENLY FL 32063

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

**TITLE** ☐ Delete  
**NAME**  
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**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:** Michael R. Bradley **REMICHAEL R. Bradley** 4-30-03 912-843-2427  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)