

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000049400

1. Entity Name

THE CAT HOUSE OF KEY WEST, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90876 038 ***150.00

Principal Place of Business

Mailing Address

411 GREENE ST
 KEY WEST FL 33040
 US

411 GREENE ST
 KEY WEST FL 33040-6517
 US

2. Principal Place of Business

3. Mailing Address

423 D Duval Ave
 Suite, Apt. #, etc.

423 D Duval Ave
 Suite, Apt. #, etc.

City & State

Key West FL.

City & State

Key West FL.

4. FEI Number

65-0476780

Applied For

Not Applicable

Zip

Country

33040

US

Zip

Country

33040

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPOTTSWOOD, WILLIAM B
 500 FLEMING STREET
 KEY WEST FL 33040

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **FELIX, DONALD C**
 STREET ADDRESS **46 BAY DRIVE**
 CITY-ST-ZIP **KEY WEST FL 33040**

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

TITLE **D** ☒ Delete
 NAME **AUSTIN, ARTHUR C. JR.**
 STREET ADDRESS **22620 LAFITTE RD**
 CITY-ST-ZIP **SUMMERLAND KEY FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-00

Date

305 296 4235

Daytime Phone #

CR2E034 (9/99)