

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000054279

1. Entity Name

FLORIDA FAT CAT SERVICES, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90394 004 \*\*\*150.00

Principal Place of Business

Mailing Address

MANATEE AVENUE WEST

7316 MANATEE AVENUE WEST

264

SUITE 264

FL 34209

BRADENTON FL 34209-3441

948747



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5400A MANATEE AVE.

PO Box 1515

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Holmes Beach

Holmes Beach

City & State

City & State

4. FEI Number

65-0429352

Applied For

Not Applicable

Zip

Country

34217

Zip

Country

34218

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

KENT, JONATHAN S  
 7316 MANATEE AVENUE WEST  
 SUITE 264  
 BRADENTON FL 34209

Name

JONATHAN SKENT

Street Address (P.O. Box Number is Not Acceptable)

504 69th ST

City

Holmes Beach

FL

Zip Code

34217

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	<input type="checkbox"/> Delete
NAME	KENT, JONATHAN	
STREET ADDRESS	219 84TH ST	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENT, JONATHAN S.	
STREET ADDRESS	504 69th ST	
CITY-ST-ZIP	Holmes Beach FL 34217	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

4-21-2000 941-778-8882

Date

Daytime Phone #

CR2E034 (9/99)