

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PA3000070279

1. Entity Name

SKIP 'N KAT'S ENTERPRISES, INC.

FILED  
S. DEPT. OF STATE  
DIVISION OF CORPORATIONS

00 OCT -6 PM 1:04

Principal Place of Business

Mailing Address

4811 CORAL RD  
FT MYERS BEACH, FL  
33981

4811 CORAL RD  
FT MYERS BEACH, FL  
33981

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0441795

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE CO.  
201 HAYES, ST.  
TALLAHASSEE, FL 32301

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PRESIDENT  
NAME ROBERT M MACLEOD  
STREET ADDRESS 4811 CORAL RD  
CITY-ST-ZIP FT MYERS BCH, FL 33981

TITLE  
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CITY-ST-ZIP

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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 another like empowered.

SIGNATURE:

ROBERT M MACLEOD

Date

10.3.00

(941) 765-5553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Exemption Code #

CR2E034 (5/00)

ROBERT M. MACLEOD, PRESIDENT  
4611 CORAL RD  
FT MYERS BEACH, FL 33931

OCTOBER 3, 2000

FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302-1500

DEAR SIR/MADAM:

THANK YOU FOR PROVIDING US WITH A  
UBR FORM 201. COR PROFIT A/R. AS I  
EXAMINED BY TELEPHONE WITH YOUR OFFICE,  
I FAILED TO RECEIVE THE 2000 UBR.  
THIS WAS APPARENTLY THE RESULT OF A  
CHANGE OF ADDRESS IN JUNE OF 1999.  
I WAS ADVISED THAT BY NOTIFYING YOUR  
OFFICE OF THIS FACT BY LETTER AND SUBMITTING  
THE ATTACHED AND COMPLETED UBR, THAT  
THE \$165 FILING FEE WOULD STILL BE  
SUFFICIENT. I AM ALSO ENVELOPING  
AN ADDITIONAL \$8.75 FOR A  
CERTIFICATE OF STATUS.

ALTHOUGH THE CORPORATION IS NOT

CURRENTLY OPERATING A BUSINESS, IT  
IS MY INTENT TO KEEP THE  
CORPORATION A VIABLE ENTITY FOR  
THE FUTURE.

PLEASE ADVISE ME IF THERE  
IS SOME OTHER PREFERRED METHOD  
OF ACCOMPLISHING MY INTENT.

I HOPE THAT I HAVE FOLLOWED  
YOUR INSTRUCTIONS APPROPRIATELY  
AND WISH TO EXPRESS MY APPRECIATION  
FOR YOUR CONSIDERATION AND PROMPT  
ATTENTION TO THIS MATTER.

SINCERELY  
