## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

**DOCUMENT #** 

Principal Place of Business

2535 LANDMARK DR.

CLEARWATER FL 33761

STE 107

P94000092536

Mailing Address

STE 107

2535 LANDMARK DR.

**CLEARWATER FL 33761** 

1. Entity Name

CATENAC GULFWYND, INC.



## FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90137 015 \*\*\*150.00

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City & State ARPON SPRINGS TARPON SPRING						2-5		4. FET NUMBER 65-0540464		N	ot Applicable	
						puntry		5. Certificate of Status Desired			8.75 Additional ee Required	
3760	6 Name	and Address of Current I	l - ' -				7. N	ame and Address of New	Registered	Agent		
	O. Humo					Name						
ENGLANDER, LEONARD S							Street Address (P.O. Box Number is Not Acceptable)					
5959 CENT			•						<del></del>	<del>.</del>		
SUITE 201		. •						_				
ST PETERSBURG FL 33710									FL	Zip Co	de	
				<del> </del>		1 60	-intered age	not or both in the State of F		l l	n, and accept	
The above rethe obligation	named entity ons of registe	submits this statement fo ered agent.	r the purpose o	f changing its	registere	ed office or re	egistered age	ent, or both, in the State of F	jorida. Tam			
SIGNATURE _								instating)	DATE			
SIGNATORE -	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE	E: Registere	d Agent signature	required when re	instaling)				
FI	LE NOW!!	! FEE IS \$150.00						9. Election Campaign F			<b>00</b> May Be	
After	May 1, 200	3 Fee will be \$550.00						Trust Fund Contribut	on. L	_ ⊢ Add	ed to Fees	
Make Check	Payable to	Florida Department o						DITIONS/CHANGES TO O	EICERS AN	DIRECTO	RS IN 11	
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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 turner certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Interfer certify reflect that I am an an officer or director 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 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

SIGNATURE

SIGNATURE AND SPECIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03

727942.9925

Daytime Phone #