

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000024464

1. Entity Name

C & B CATRAL CORPORATION

D/B/A X-Ray & Imaging Center

Principal Place of Business

Mailing Address

3580 SE 26 AVENUE
OCALA FL 34471-0002

2. Principal Place of Business

2621 SE Lake Weir Ave

3. Mailing Address

2621 SE Lake Weir Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL 34471

City & State

Ocala, FL 34471

Zip

Country

Zip

Country..

4. FEI Number

59-3288075

Applied For

Not Applicable

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

CATRAL, BEATRIZ L
3580 SE 26 AVENUE
OCALA FL 34471

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 ☐ Delete
NAME D
STREET ADDRESS WOODY, JAMES MATHEW
CITY-ST-ZIP 4538 HIGHLAND AVE
SHADY SIDE OH

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

TITLE ☐ Delete
NAME PCD
STREET ADDRESS CATRAL, BEATRIZ L
CITY-ST-ZIP 3580 SE 26 AVENUE
OCALA FL 34471

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CATRAL-WOODY, ROSADALIE
CITY-ST-ZIP 4538 HIGHLAND AVENUE
SHADY SIDE OH 43947

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CATRAL, GUILLERMO L
CITY-ST-ZIP 3580 SE 26 AVENUE
OCALA FL 34471

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90137 014 ***150.00

A0022187



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)