

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000024464**

1. Entity Name

C & B CATRAL CORPORATION**FILED**
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90001 040 ***550.00

Principal Place of Business

**2621 SE LAKE WEIR AVE
OCALA FL 34471**

Mailing Address

**2621 SE LAKE WEIR AVE
OCALA FL 34471**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **WOODY, JAMES MATHEW**
STREET ADDRESS **4538 HIGHLAND AVE**
CITY-ST-ZIP **SHADY SIDE OH**TITLE ☒ Change ☐ Addition
NAME **230 21ST STREET**
STREET ADDRESS **DUNBAR W.Va. 25064**
CITY-ST-ZIPTITLE ☐ Delete
NAME **PCD**
STREET ADDRESS **CATRAL, BEATRIZ L**
CITY-ST-ZIP **3580 SE 26 AVENUE**
OCALA FL 34471TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **CATRAL-WOODY, ROSADALIE**
CITY-ST-ZIP **4538 HIGHLAND AVENUE**
SHADY SIDE OH 43947TITLE ☒ Change ☐ Addition
NAME **230 21ST STREET**
STREET ADDRESS **DUNBAR W.Va. 25064**
CITY-ST-ZIPTITLE ☐ Delete
NAME **D**
STREET ADDRESS **CATRAL, GUILLERMO L**
CITY-ST-ZIP **3580 SE 26 AVENUE**
OCALA FL 34471TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **13034 PRAIRIE MEADOW DR.**
CITY-ST-ZIP **ORLANDO FL 32837**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: *Beatriz L. Catral* BEATRIZ L. CATRAL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 9-12-01 x 352/369-0770

Date

Daytime Phone #

CR2E034 (10/00)