2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am Secretary of State DOCUMENT # P95000024464 1. Entity Name 04-16-2002 90034 035 ***150.00 C & B CATRAL CORPORATION Principal Place of Business Mailing Address 2621 SE LAKE WEIR AVE 2621 SE LAKE WEIR AVE OÇALA FL 34471 OCALA FL 34471 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE. Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FE! Number City & State 59-3288075 Not Applicable Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CATRAL, BEATRIZ L Street Address (P.O. Box Number is Not Acceptable) 3580 SE 26 AVENUE OCALA FL 34471 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME WOODY, JAMES MATHEW STREET ADDRESS STREET ADDRESS **230 21ST STREET** Dunbar W. Va. 25064 CITY-ST-7IP CITY-ST-ZIP **DUNBAR WV 25064** ☐ Addition TITLE ☐ Delete TITLE NAME NAME CATRAL, BEATRIZ L STREET ADDRESS STREET ADDRESS **3580 SE 26 AVENUE** CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34471 ~ Change Addition ☐ Delete TITLĒ TITLE NAME CATRAL-WOODY, ROSADALIE Dunbar W. Ja. 25064 13034 Prairie modew Dr. STREET ADDRESS STREET ADDRESS 230 21ST ST CITY-ST-ZIP CITY-ST-ZIP DUNBAR WV 25064 ☐ Delete TITLE TITLE CATRAL, GUILLERMO L NAME NAME STREET ADDRESS STREET ADDRESS 13024 PRAIRIE MEADOW DR CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32857 Addition Delete TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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.

FILED