

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90049 024 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000062745

1. Entity Name
CATHERINE M. CATLIN, P.A.

Principal Place of Business Mailing Address

412 E MADISON ST **412 E MADISON ST**
817 **817**
TAMPA FL 33602 **TAMPA FL 33602**
US **US**

2. Principal Place of Business 3. Mailing Address

908 W. Horatio **908 W. Horatio**
Suite, Apt. #, etc. Suite, Apt. #, etc.
B **B**

City & State City & State

Tampa FL **Tampa FL**

Zip Country Zip Country

33606 **USA** **33606** **USA**

4. FEI Number Applied For

59-3330643 ☐ Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

☐ ☐

6. Name and Address of Current Registered Agent

CATLIN, CATHERINE M
412 E MADISON ST
SUITE 817
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

908-B W. Horatio St

City State Zip Code

Tampa **FL** **33606**

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 **Catherine Catlin Pres.** DATE **1/9/01**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	D CATLIN, CATHERINE M
STREET ADDRESS	412 E MADISON ST STE 817
CITY-ST-ZIP	TAMPA FL 33602
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	908-B W. Horatio St
CITY-ST-ZIP	Tampa FL 33606
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Catherine Catlin** Date **1/9/01** Daytime Phone # **813-253 0181**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)