

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90232 006 ***150.00

DOCUMENT # **P950000 66341**
1. Entity Name
INTERNATIONAL CATASYPHRE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5503 NAVAHO DR.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 34140
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PENSACOLA, FL
Zip
32507 Country
USA

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4. FEI Number
59-3356666 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CHRISTINE A. FLAMER-HENDERSON
Street Address (P.O. Box Number is Not Acceptable)
5503 NAVAHO DR.
City
PENSACOLA FL Zip Code
32507

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.

(NO I.L. 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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
P. HENDERSON, CHARLES V.
5503 NAVAHO DR
PENSACOLA, FL 32507

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S. FLAMER-HENDERSON, Christine
5503 NAVAHO DR.
PENSACOLA, FL 32507

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-02 (850) 492-2266
Date Daytime Phone #

CRZE034B (12/01)