2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000005180**

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

☐ Delete

Delete

Delete

☐ Delete

☐ Delete

☐ Delete

City & State

KATZ, CHARLES R

121 FOX RIDGE RUN LONGWOOD FL 32750

9. This corporation is eligible to satisfy its Intangible

KATZ, CHARLES R

KATZ, NANCY N

121 FOX RIDGE RUN

LONGWOOD FL 32750

121 FOX RIDGE RUN

LONGWOOD FL 32750

Tax filing requirement and elects to do so.

(See criteria on back)

Zip

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

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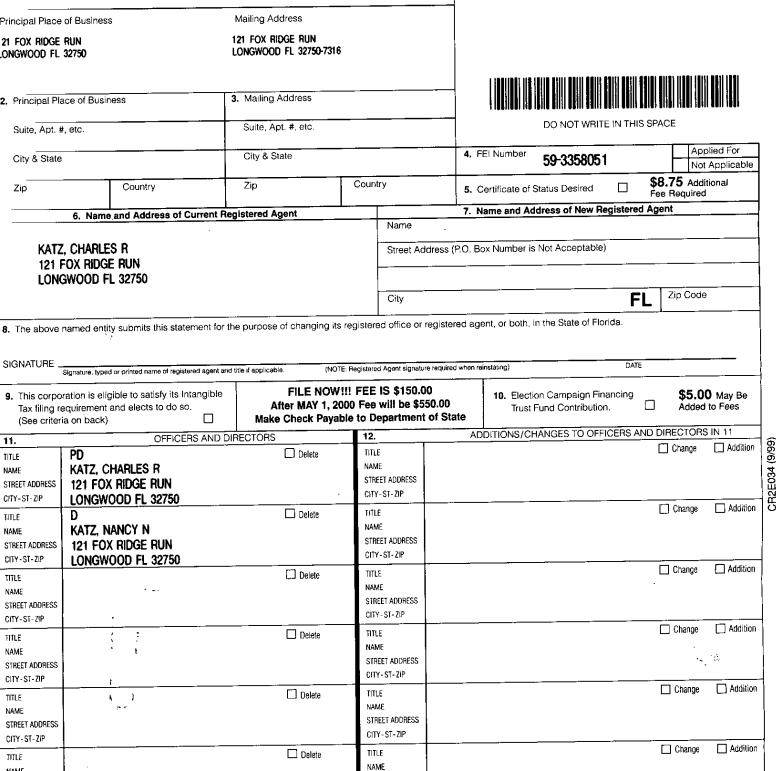
CITY-ST-ZIP

DICK KATZ & COMPANY, INC.

Principal Place of Business	Mailing Address	
121 FOX RIDGE RUN LONGWOOD FL 32750	121 FOX RIDGE RUN LONGWOOD FL 32750-7316	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED Jan 20, 2000 8:00 am Secretary of State

01-20-2000 90214 014 ***150.00



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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 2

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR