

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90876 035 ***150.00

DOCUMENT # **P96000016528** ✓

1. Entity Name

KAT MAR CONSTRUCTION COMPANY

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8315 NW 226 ST

Suite, Apt. #, etc.

3. Mailing Address

8315 NW 226 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ALACHUA FL

City & State

ALACHUA FL

4. FEI Number

59-3362524

Applied For

Not Applicable

Zip

32615

Country

ALACHUA U.S.

Zip

32615

Country

U.S.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

MARCUS A. WINBURN

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

8315 NW 226 ST

City

ALACHUA

FL

Zip Code

32615

**DO NOT WRITE
IN THIS SPACE**

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)



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 **P**
NAME **MARCUS A. WINBURN**
STREET ADDRESS **8315 NW 226 ST**
CITY-ST-ZIP **ALACHUA FL 32615**

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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: **Marcus A. Winburn**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCUS A. WINBURN

4-29-02

Date

352-812-7617

Daytime Phone #

CR2E034B (12/01)