

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000030345

1. Entity Name  
KATRINKA ENTERPRISES, INC.



**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90203 006 \*\*\*150.00

Principal Place of Business  
1460 GOLDEN GATE PARKWAY  
SUITE 103  
NAPLES FL 34105  
US

Mailing Address  
1460 GOLDEN GATE PARKWAY  
SUITE 103  
NAPLES FL 34105  
US

2. Principal Place of Business  
1390 11th St SW

3. Mailing Address  
[Redacted]

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Naples FL

City & State

4. FEI Number 59-3371087

Applied For  
Not Applicable

Zip 34117

Country US

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAGEE, KATHLEEN I  
1390 11TH ST SW  
NAPLES FL 34117

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Kathleen Magee Pres* 4-25-03

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  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PST  
NAME MAGEE, KATHLEEN I  
STREET ADDRESS 1390 11TH ST SW  
CITY-ST-ZIP NAPLES FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME LOVE, THOMAS E  
STREET ADDRESS 1390 11TH ST SW  
CITY-ST-ZIP NAPLES FL

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kathleen Magee Pres* 4-25-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

239-352-6820

CR2E034 (10/02)