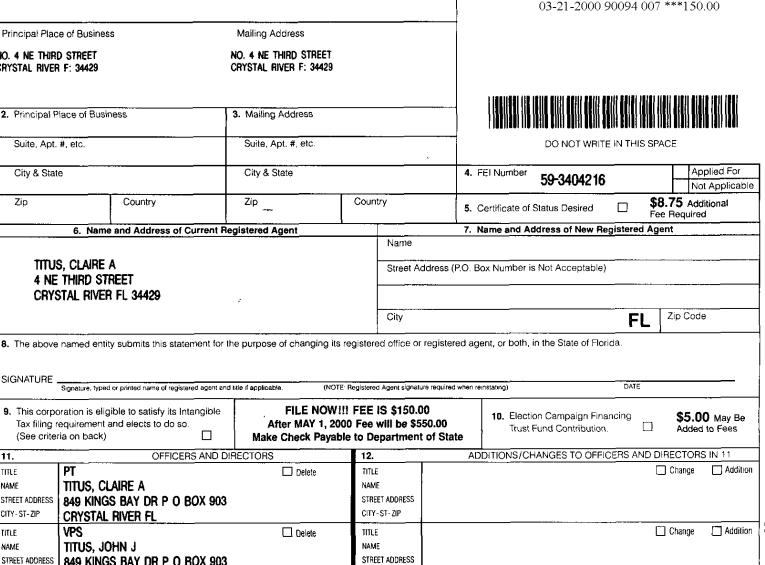
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000081449** C.A.T. OF CITRUS COUNTY, INC. Mailing Address Principal Place of Business NO. 4 NE THIRD STREET NO. 4 NE THIRD STREET CRYSTAL RIVER F: 34429 CRYSTAL RIVER F: 34429 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

FILED Mar 21, 2000 8:00 am Secretary of State

03-21-2000 90094 007 ***150.00



11.	OFFICERS AND DIRECTOR	S	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TITUS, CLAIRE A 849 KINGS BAY DR P O BOX 903 CRYSTAL RIVER FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS TITUS, JOHN J 849 KINGS BAY DR P O BOX 903 CRYSTAL RIVER FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Name

13. I hereby certify that the information supplied with this filling 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 ethics like empowered.

SIGNATURE:

City & State

TITUS, CLAIRE A

4 NE THIRD STREET CRYSTAL RIVER FL 34429

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

Country

6. Name and Address of Current Registered Agent

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

Zip

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR