

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000099534

1. Entity Name

QUANTUM CAT ENTERTAINMENT, INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90246 010 \*\*\*150.00

Principal Place of Business

Mailing Address

270 ORANGE TERRACE  
WINTER PARK FL 32789

270 ORANGE TERRACE  
WINTER PARK FL 32789-3561

2. Principal Place of Business

3. Mailing Address

2648 Robert Trent Jones Dr  
Suite, Apt. #, etc.

2648 Robert Trent Jones Dr  
Suite, Apt. #, etc.

#217

#217

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Zip

32835

32835

Country

Country

USA

USA

4. FEI Number

59-3434243

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BREITBEIL, JAMES  
270 ORANGE TERRACE  
WINTER PARK FL 32789

Name

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

2648 Robert Trent Jones Dr #217

City

Orlando

FL

Zip Code

32835

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)

☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KINGSLEY, JOSEPH  
6117 RALEIGH ST #609  
ORLANDO FL 32835

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
2648 Robert Trent Jones Dr #217  
Orlando, FL 32835

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~James Breitbeil~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
James Breitbeil  
7603 Southern Brock Road  
Tampa, FL 33635

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
~~James Breitbeil~~

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/00

407-294-1127

CR2E034 (9/99)