

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90093 017 ***150.00

DOCUMENT # P97000084786

1. Entity Name
CATZ CASUALS, INC.

Principal Place of Business

8201 S TAMiami TR. #A-18
SARASOTA FL 34238

Mailing Address

2449 VALENCIA DR
SARASOTA FL 34239

US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

CATZ CASUALS

3. Mailing Address

C/O KATHY NOHMER

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3030 S 301 BLVD WEST

511 WOODCREST RD

City & State

City & State

BRADENTON, FL.

BRANDON, FL

Zip

Country

Zip

Country

34205

MANATEE

33511

HILLSBOROUGH

4. FEI Number

59-3474598

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOHMER, KATHRYN

2449 VALENCIA DR

SARASOTA FL 34239

7. Name and Address of New Registered Agent

Name

KATHY NOHMER

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

511 WOODCREST RD

City

BRANDON

FL

Zip Code

33511

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 *Kathy L. Nohmer*

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, 2002 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

TITLE ☐ Delete

P
NOHMER, KATHRYN
2449 VALENCIA DRIVE
SARASOTA FL 34239

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Kathy L. Nohmer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/02 941-749-5070
Date Daytime Phone #

CR2E034 (9/01)