

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018462

1. Entity Name

T. CAT CONSULTING, INC.

FILED

Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90082 034 ***150.00

Principal Place of Business
12739 HEADWATER CIRCLE
WELLINGTON FL 33414

Mailing Address
12739 HEADWATER CIRCLE
WELLINGTON FL 33414-4913

00053067



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0816902

Applied For
Not Applicable

Zip Country

Zip Country

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

MCMULLEN, SCOTT L
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH FL 33401-3475

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.

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 PTD ☐ Delete
NAME BRUCK, ROBERT C
STREET ADDRESS 12739 HEADWATER CIRCLE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☒ Change ☐ Addition
NAME Brunk Robert C
STREET ADDRESS
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME BRUCK, JUDITH A
STREET ADDRESS 12739 HEADWATER CIRCLE
CITY-ST-ZIP WELLINGTON FL 33414

TITLE ☒ Change ☐ Addition
NAME Brunk Judith A
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

Judith A Brunk VSD

2-22-00

561-791-7637

Date

Daytime Phone #

CR2E034 (9/99)