

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90129 048 \*\*\*150.00

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**DOCUMENT # P98000074009**

1. Entity Name

**CATAMOUNT ENTERPRISES, INC.**

Principal Place of Business

**212 REGIS COURT  
 LONGWOOD FL 32779**

Mailing Address

**212 REGIS COURT  
 LONGWOOD FL 32779**

2. Principal Place of Business

**1004 Foggy Brook PL**

Suite, Apt. #, etc.

3. Mailing Address

**1004 Foggy Brook PL**

Suite, Apt. #, etc.

City & State

**Longwood FL**

Zip

**32750**

Country

City & State

**Longwood FL**

Zip

**32750**

Country

4. FEI Number

**59-3529862**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KARNES, GEORGE L  
 212 REGIS CT  
 LONGWOOD FL 32779**

7. Name and Address of New Registered Agent

Name **George L. Karnes**

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

**1004 Foggy Brook PL**

City

**Longwood**

**FL**

Zip Code

**32750**

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

*George L. Karnes*

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

(NOTE: Registered Agent signature required when reinstating)

**1-14-02**

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 **PSD** ☐ Delete  
 NAME **KARNES, GEORGE**  
 STREET ADDRESS **212 REGIS COURT**  
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **George Karnes** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **1004 Foggy Brook PL**  
 CITY-ST-ZIP **Longwood FL 32750**

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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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:

*George L. Karnes, As its Pres.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-11-02**

Date

**407-869-1206**

Daytime Phone #

CR2E034 (9/01)