2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000074009 DOCUMENT

1. Entity Name

CATAMOUNT ENTERPRISES, INC.



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90034 013 ***150.00

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Principal Place of Business 1004 FOGGY BROOK PL. LONGWOOD FL 32750		Mailing Address 1004 FOGGY BROOK PL. LONGWOOD FL 32750				
2. Principal Place of Business		3. Mailing Address		T SERVICEN AND SOUTH COSTA DOWN COSTA COSTA SERVICES OF STATE COSTA SERVICES (SERVICES SOUTH SERVICES SOUTH SER	j)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3529862 Applied For Not Applical	_	
Zip	Country	Zíp	Country	5. Certificate of Status Desired See Required		
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent		
KARNES, GEORGE L 1004 FOGGY BROOK PL.			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
LONGWOOD FL 32750			City	Zip Code		
8. The above the obliga	e named entity submits this statement f trions of registered agent.	or the purpose of changing	g its registered office or regis	istered agent, or both, in the State of Florida. I am familiar with, and accep	pt	
SIGNATURE	Signatus, typed or printed name of registered agen	t and title if applicable.	NOTE: Registered Agent signature requ	guired when reinstating) 1-14-03		
Afte Måke Chec	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	1		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	亅.	
NAME STREET ADDRESS CITY-ST-ZIP	KARNES, GEORGE 1004 FOGGY BROOK PL. LONGWOOD FL 32750	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	ion 3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	on C	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	on	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition	n	

12 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _