## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000090623 Aug 23, 2000 8:00 am Secretary of State KATE'S COVE, INC. A FLORIDA CORPORATION 08-23-2000 90032 028 \*\*\*150.00 Principal Place of Business Mailing Address 3672 GENERAL MARSHALL ROAD 3672 GENERAL MARSHALL ROAD DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 3. Mailing Address Suite, Apt. #, ètc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3539277 Not Applicable \$8.75 Additional Fee Required Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALLEN, CHARLES M JR. Street Address (P.O. Box Number is Not Acceptable) 1454 OCEAN SHORE BLVD. ORMOND BEACH FL 32176 the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000, Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 AD Change ☐ Addition TITLE TITLE Delete MEHL-SMITH, ANN " NAME NAME 14 OAKMONT CIRCLE STREET ADDRESS STREET ADDRESS **ORMOND BEACH FL 32174** CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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:

Daytime Phone #

AHECHMONT

Kate's Cove, Inc 14 Oakmont Circle Ormond Beach, Fl 32174 (904) 676-9441, fax (904) 615-1042 Tax ID 59-3539277

· wc# 19800090623
Kate's Cove Inc.

August 16,2000

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir or Madam.

I am writing this letter to request a one time waiver of the late fee for filing the Uniform Business Report for year 2000. The first mailing of the report was mailed to the incorrect address, and unfortunately was not forwarded to the correct address. The second notice I received in early August 2000 and gave this to my accountant. My accountant notify me that this was a second notice. I contacted the office of Uniform Business Report and they instructed me to write this letter. I would appreciate your consideration in this matter. Please find a check enclosed for \$150.00.

Sincerely,

Ann Mehl-Smith

President