

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001925

1. Entity Name
CAT TECHNOLOGIES, INC.

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90163 045 ***150.00

Principal Place of Business
10135 GATE PKWY
APT #1015
JACKSONVILLE FL 32246
US

Mailing Address
10135 GATE PKWY
APT #1015
JACKSONVILLE FL 32246
US

2. Principal Place of Business
6020 Klare Dr.

3. Mailing Address
6020 Klare Dr.

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Keystone Heights, FL

Zip
32656

Country
USA

Zip
32656-7926

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3551158

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TURNER, CLAIRE A
10135 GATE PKWY #1013
JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
6020 Klare Dr.
City Keystone Heights, FL Zip Code 32656-7926

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 Claire A. Turner Claire A. Turner 4/17/01

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P TURNER, CLAIRE A 10135 GATE PKWY #1015 JACKSONVILLE FL 32246	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6020 Klare Dr. Keystone Heights, FL. 32656-7926	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Claire A. Turner Claire A. Turner 4/17/01 904-382-4402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)