

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032176

1. Entity Name

CATS PAJAMAS BED & BREAKFAST, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90060 042 ***150.00

Principal Place of Business

Mailing Address

6802 BAY OVERLOOK WAY
TAMPA FL 33615

6802 BAY OVERLOOK WAY
TAMPA FL 33615-5812

2. Principal Place of Business

3. Mailing Address

11284 W. HILLSBOROUGH

6802 BAY OVERLOOK WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA FL

TAMPA FL

Zip

Country

Zip

Country

33635

33615

4. FEI Number

Applied For

593567761

Not Applicable

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

KUTCHINS, BRYAN A
3974 TAMPA ROAD
OLDSMAR FL 34677

Name

AUDREY ANN SIKORSKI

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

6802 BAY OVERLOOK WAY

City

TAMPA

FL

Zip Code

33615

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

Audrey Ann Sikorski President

3-20-00

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 ☐ Delete
NAME D
STREET ADDRESS SIKORSKI, AUDREY A
CITY-ST-ZIP 6802 BAY OVERLOOK WAY
TAMPA FL 33615

TITLE ☒ Change ☐ Addition
NAME P/T/S/D
STREET ADDRESS AUDREY ANN SIKORSKI
CITY-ST-ZIP 6802 BAY OVERLOOK WAY
TAMPA, FL 33615

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME V/D
STREET ADDRESS CYNTHIA BRABLEC
CITY-ST-ZIP 122 NW 98TH TERRACE
PLANTATION, FL 33324

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3. 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:

Audrey Ann Sikorski President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUDREY ANN SIKORSKI

813-818-2251

Date 3/20/00

Daytime Phone #

CR20034 (9/99)