

2000 UNIFORM BUSINESS REPORT (UBR)

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

03-24-2000 90060 042 ***150.00

DOCUMENT # P99000032176

1. Entity Name

CATS PAJAMAS BED & BREAKFAST, INC.

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

11284 W. HILLSBOROUGH

3. Mailing Address

6802 BAY OVERLOOK WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59 3567761

Applied For

Not Applicable

Zip

33635

Country

Zip

33615

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KUTCHINS, BRYAN A
3974 TAMPA ROAD
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	SIKORSKI, AUDREY A	6802 BAY OVERLOOK WAY	TAMPA FL 33615	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P/T/S/D	AUDREY ANN SIKORSKI	6802 BAY OVERLOOK WAY	TAMPA, FL 33615	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V/D	CYNTHIA BRABLEC	122 NW 98TH TERRACE	PLANTATION, FL 33324	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Pres.

AUDREY ANN SIKORSKI

813-818-2251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/20/00**

Daytime Phone #

CR2F034 (9/99)