

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045252

1. Entity Name

KATTKUS ENTERPRISES, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90015 010 \*\*\*150.00

Principal Place of Business

424 SW 37TH TER.  
CAPE CORAL FL 33914

Mailing Address

424 SW 37TH TER.  
CAPE CORAL FL 33914-5852

2. Principal Place of Business

1952 Park Meadows Dr. Ste. 5 same

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
Ste. 5

City & State

Ft. Myers, FL

City & State

Zip

33907

Country

Zip

Country

6. Name and Address of Current Registered Agent

DESBAILLETS, ANETTE  
424 SW 37TH TER.  
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name

Anette Desbaillets

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

879-B Miramar St.

City

Cape Coral

FL

Zip Code

33904

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-2000

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 PTD ☐ Delete  
NAME KATTKUS, KLAUS-UWE  
STREET ADDRESS 424 SW 37TH TER.  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE VPSD ☐ Delete  
NAME WETKIEWICZ, ANGELIKA  
STREET ADDRESS 424 SW 37TH TER.  
CITY-ST-ZIP CAPE CORAL FL 33914

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☒ Change ☐ Addition  
NAME Klaus Uwe Kattkus  
STREET ADDRESS 1952 Park Meadows Dr. Ste. 5  
CITY-ST-ZIP Ft. Myers, FL 33907

TITLE VPSD ☒ Change ☐ Addition  
NAME Angelika Witkiewicz  
STREET ADDRESS 1952 Park Meadows Dr., Ste. 5  
CITY-ST-ZIP Ft. Myers, FL 33907

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

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

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

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

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angelika Witkiewicz VP 1-20-2000

Date

Daytime Phone #

941 541 8111

CR2E034 (9/99)