

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State
 09-17-2001 90001 028 ***550.00

01-553 AT

DOCUMENT # P99000048629

1. Entity Name
CATIE-PAT CORP.

Principal Place of Business
1986 COUNTRY CLUB DR.
DAYTONA BEACH FL 32124-6730

Mailing Address
1986 COUNTRY CLUB DR.
DAYTONA BEACH FL 32124-6730

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3576945**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARSHALL, BRENDA LEE
1986 COUNTRY CLUB DR.
DAYTONA BEACH FL 32124-6730

Name

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

City

FL

Zip Code **32128-6730**

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 BRENDA LEE MARSHALL, PRESIDENT Brenda Lee Marshall 9/10/01
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **DP**
 STREET ADDRESS **MARSHALL, BRENDA LEE**
 CITY-ST-ZIP **1986 COUNTRY CLUB DR.**
DAYTONA BEACH FL 32124-6730

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

TITLE ☐ Delete
 NAME **DST**
 STREET ADDRESS **MARSHALL, JAMES F.**
 CITY-ST-ZIP **1986 COUNTRY CLUB DR.**
DAYTONA BEACH FL 32124-6730

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: BRENDA LEE MARSHALL, PRESIDENT Brenda Lee Marshall 9/10/01 386.304.0800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)