

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2002 8:00 am**  
**Secretary of State**

01-27-2002 90030 009 \*\*\*150.00

0504675 AV

**DOCUMENT # P99000052933**

1. Entity Name

**KATZ DESIGNS & CONSTRUCTION, INC.**

Principal Place of Business

**4623 POND APPLE DR S  
 NAPLES FL 34119**

Mailing Address

**4623 POND APPLE DR S  
 NAPLES FL 34119**

2. Principal Place of Business

**13751 Pondview Circle**  
 Suite, Apt. #, etc.

3. Mailing Address

**13751 Pondview Circle**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE



City & State

**Naples, Florida**

City & State

**Naples, Florida**

4. FEI Number

**58-1696386**

Applied For

Not Applicable

Zip

**34119-0913**

Country

**U.S.A.**

Zip

**34119-0913**

Country

**U.S.A.**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**KATZ, GARY H**

**4623 POND APPLE DR S  
 NAPLES FL 34119**

7. Name and Address of New Registered Agent - Address Change

Name **Gary H. Katz**

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

**13751 Pondview Circle**

City

**Naples, Florida**

**FL**

Zip Code

**34119-0913**

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

**Gary H. Katz**

**Gary H. Katz**

**January 11/2002**

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

(NOTE: Registered Agent signature required when resigning)

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, 2002 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 **PT** ☐ Delete

NAME **KATZ, SHARON**  
 STREET ADDRESS **4623 POND APPLE DR S**  
 CITY-ST-ZIP **NAPLES FL 34119**

TITLE **VS** ☐ Delete

NAME **KATZ, GARY H**  
 STREET ADDRESS **4623 POND APPLE DR S**  
 CITY-ST-ZIP **NAPLES FL 34119**

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 **P/T** ☒ Change ☐ Addition

NAME **Katz, Sharon**  
 STREET ADDRESS **13751 Pondview Circle**  
 CITY-ST-ZIP **Naples, Florida 34119-0913**

TITLE **V/S** ☒ Change ☐ Addition

NAME **KATZ, Gary H.**  
 STREET ADDRESS **13751 Pondview Circle**  
 CITY-ST-ZIP **Naples, Florida 34119-0913**

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME  
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 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.

**Gary H. Katz**  
 SIGNATURE:

**GARY H. KATZ**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**January 11/2002 (941) 498-8806**  
 Date Daytime Phone #

CR2E034 (9/01)