

UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90092 014 ***150.00

00091437

DO NOT WRITE IN THIS SPACE

DOCUMENT # **V05835**

Entity Name
J. CATE & ASSOCIATES INC.

Mailing Address
**1746 WINFRED DR. 1746 WINFRED DR.
 ORANGE PARK, FL. ORANGE PARK, FL.
 32073 32073**

Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Country
 Country

4. FEI Number
59-3109737

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**CATE, BILLY JOE
 1746 WINFRED DRIVE
 ORANGE PARK, FL.
 32073**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
☐ Delete		TITLE	(PD) BILLY JOE CATE ☐ Change ☐ Addition
		NAME	1746 WINFRED DR.
		STREET ADDRESS	ORANGE PARK, FL. 32073
		CITY-ST-ZIP	
☐ Delete		TITLE	☐ Change ☐ Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
☐ Delete		TITLE	☐ Change ☐ Addition
		NAME	
		STREET ADDRESS	
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☐ Delete		TITLE	☐ Change ☐ Addition
		NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
☐ Delete		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 19.07(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 a other like empowered.

Billy Joe Cate