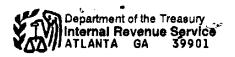
FILED

2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)								Mar 29, 2002 8:00 am				
DOCU 1. Entity Na KAT STU				Secretary of State 02-26-2002 90074 015 ***150.00								
Principal Pla 405 2ND AVI LUTZ FL 335	Mailing Address 406 2ND AVE. SE LUTZ FL 33549	5 2ND AVE. SE			- 1 y U 2 U							
2. Principal Place of Business 3. Mailing Address					***************************************							
Suite, Api	t. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE 59 - 34101097					
City & Sta	ate	Handard Control	City & State			4FEI Number APPLIED FOR Applied 8		Applied For-]			
Zip	, i		Zip	Count			Certificate of Status Desired]		
 	6. Name	and Address of Current F	Registered Agent		Name ⁵		7. Na	ame and Address of New Register	ed Agent],	
TILLBERG, KENNETH A 405 2ND AVE. SE LUTZ FL 33549						Address (P.O. Box Number is Not Acceptable)						
LU12. FL	33349				City	 .		F	Zip Co	ode	-	
8. The above	e named entity	submits this statement for	the purpose of changing its re	egistere	ed office c	r registered	f age	nt, or both, in the State of Florida.			1	
SIGNATURE		or printed name of registered agent at		_		ture required wh			£			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See critéria on back)			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State			.00 550.00		Election Campaign Financing Trust Fund Contribution.	\$5.	00 May Be ad to Fees	<u>-</u>	
11.	(OFFICERS AND D	PIRECTORS	12.	·'·		ADD	ITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 11	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TILLBERG, 405 2ND A LUTZ FL 3		☐ Delate						☐ Change	☐ Addition	CR2E034 (9/01)	
TITLE NAME STREET ADDRESS	VSTD TILLBERG, 405 2ND A	BERNADETTE A VE. SE	Delete		ET ADDRESS	<u>.</u>	-·-	manu	☐ Change	☐ Addition	88	
CITY-ST-ZIP TITLE NAME	LUTZ FL 3:	3549	☐ Delete	TITLE NAME					☐ Change	Addition	}	
STRÉET ADDRÉSS CITY-ST-ZIP	_		· · · · · · · · · · · · · · · · · · ·		ET ADORESS ST-ZIP			The second section of the section of the second section of the section of			-	
TITLE NAME STREET ADORESS CITY-ST-ZIP			□ Delete					11112121212	☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADORESS ST-ZIP				☐ Change	Addition	<u> </u> 	
TITLE Name Street adoress City-St-Zip			□ Delete	TITLE NAME STREE CITY-S	T ADDRESS				☐ Change	Addition		

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 12 if changed, or on an attachment with an address, with all other like empowered. SIGNAT SIGNATURE:



Date of this notice: Taxpayer identifying Number Form: Tax Period:

59-3461097

Tax Period:

For assistance you may call us at:

1-800-829-1040

Health III hill Hill to be death between the commence of the state of

KAT STUCCO INC 1002 FEINSINGER RD LUTZ FL 33549-4068026 Or you may write to us at the address shown at the left. If you write, be sure to attach the bottom part of this notice.

NOTICE OF ACCEPTANCE AS AN S-CORPORATION

YOUR ELECTION TO BE TREATED AS AN S-CORPORATION WITH AN ACCOUNTING PERIOD OF DECEMBER IS ACCEPTED. THE ELECTION IS EFFECTIVE BEGINNING NOV. 1, 1999, SUBJECT TO VERIFICATION IF WE EXAMINE YOUR RETURN.

TWO REASONS. EITHER YOUR ELECTION WAS MADE AFTER THE 15TH DAY OF THE THIRD MONTH OF THE TAX YEAR TO WHICH IT APPLIES, BUT BEFORE THE END OF THAT TAX YEAR, OR THE ELECTION WHEN SUBMITTED WAS INCOMPLETE, AND REQUESTED INFORMATION WAS RECEIVED AFTER THE FILING PERIOD. IN EITHER CASE, YOUR ELECTION IS INVALID FOR THE TAX YEAR REQUESTED AND HAS THEREFORE, BEEN TREATED AS THOUGH IT WERE MADE FOR THE NEXT TAX YEAR.

PLEASE KEEP THIS NOTICE IN YOUR PERMANENT RECORDS AS VERIFICATION OF YOUR ACCEPTANCE AS AN S-CORPORATION.

IF YOU HAVE ANY QUESTIONS ABOUT THIS NOTICE OR THE ACTIONS WE HAVE TAKEN, PLEASE WRITE TO US AT THE ADDRESS SHOWN ABOVE. IF YOU PREFER, YOU MAY CALL US AT THE IRS TELEPHONE NUMBER LISTED IN YOUR LOCAL DIRECTORY. AN EMPLOYEE THERE MAY BE ABLE TO HELP YOU; HOWEVER, THE OFFICE AT THE ADDRESS SHOWN ON THIS NOTICE IS MOST FAMILIAR WITH YOUR CASE.

IF YOU WRITE TO US, PLEASE PROVIDE YOUR TELEPHONE NUMBER AND THE MOST CONVENIENT TIME FOR US TO CALL SO WE CAN CONTACT YOU TO RESOLVE YOUR INQUIRY. PLEASE RETURN THE BOTTOM PART OF THIS NOTICE TO HELP US IDENTIFY YOUR CASE.

THANK YOU FOR YOUR COOPERATION.

To make sure that IRS employees give courteous responses and correct information to taxpayers, a second IRS employee sometimes listens in on telephone calls.

Overlay 5 Form 8489 (Rev.8-91)

Keep this part for your records

Return this part to us with your check or inquiry

Your telephone number

Best time to call

593461097 NC

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INTERNAL REVENUE SERVICE ATLANTA GA 39901