

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91525 046 \*\*\*150.00

DOCUMENT # P98000060153

1. Entity Name

KATSU BY DESIGN, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8416 Fantasia Parkway

Suite, Apt. #, etc.

3. Mailing Address

8416 Fantasia Parkway

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Riverview FL

City & State  
Riverview FL

4. FEI Number  
65-0850162

Applied For

Not Applicable

Zip  
33569

Country  
US

Zip  
33569

Country  
US

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Scott, Katherine Sue

Street Address (P.O. Box Number is Not Acceptable)  
8416 Fantasia Parkway

City  
Riverview FL Zip Code  
33569

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

*Katherine Sue Scott*

Katherine Sue Scott

04/15/02

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
Scott, Katherine Sue  
8416 Fantasia Parkway  
Riverview FL 33569

TITLE  
NAME  
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CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

*Katherine Sue Scott*

Katherine Sue Scott 04/15/02 813-671-8663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #