

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

192

DOCUMENT # P92000001532
1. Entity Name
KATHRYN BROOKS CORPORATION

FILED

02 JAN 18 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1201 HAYS STREET
Suite, Apt. #, etc.

3. Mailing Address
1201 HAYS STREET
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TALLAHASSEE, FL

City & State
TALLAHASSEE, FL

4. FEI Number Applied For
 Not Applicable

Zip
32301

Country
U.S.A.

Zip
32301

Country
U.S.A.

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
CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
City TALLAHASSEE, FL Zip Code 32301

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

300004785163--6

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 D
NAME PATRICIA PIZZUTO
STREET ADDRESS 1201 HAYS STREET
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D
NAME JUDITH S. BLANCETT
STREET ADDRESS 1201 HAYS STREET
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Patricia Pizzuto* Patricia Pizzuto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2002
Date

850-521-1000
Daytime Phone #

CR2E034B (12/01)



2012

ACCOUNT NO. : 072100000032
 REFERENCE : 748944 83246A
 AUTHORIZATION : *Patricia Pizub*
 COST LIMIT : \$ 150.00

ORDER DATE : January 18, 2002
 ORDER TIME : 1:16 PM
 ORDER NO. : 748944-010
 CUSTOMER NO: 83246A
 CUSTOMER: Ms. Debbie D. Skipper
 Csc-tallahassee
 P. O. Box 5828
 Tallahassee, FL 32314

RECEIVED
 02 JAN 18 PM 3:09
 DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: KATHERYN BROOKS CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull-EXT# 1115

EXAMINER'S INITIALS: _____