

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90196 009 ***150.00

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DOCUMENT # F02000004770

1. Entity Name
BROOKS SHOES OF BEVERLY CENTER, INC.



Principal Place of Business
**1703 WILSHIRE BLVD.
SANTA MONICA CA 90403**

Mailing Address
**1703 WILSHIRE BLVD.
SANTA MONICA CA 90403**



2. Principal Place of Business

3. Mailing Address

4700 Conroy Rd

Suite, Apt. #, etc.

221

City & State

Orlando FL

Zip

32839

Country

ORANGE

Zip

Country

4. FEI Number **95-3745595**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRAUKLIS, SHIRLEY
366 LAKEVIEW ST.
ORLANDO FL 32804**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CDP
BROOKS, ROGER
1703 WILSHIRE BLVD.
SANTA MONICA CA 90403** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
**S
BROOKS, TOBY
1703 WILSHIRE BLVD.
SANTA MONICA CA 90403** ☐ Delete

TITLE
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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03 310 315-9898
Date Daytime Phone #

CR2E034 (10/02)