

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L77392

1. Entity Name

ST. CATHERINE T.L.C., INC.

Principal Place of Business

Mailing Address

% CATHERINE BLACKWOOD  
2611 NW 115 TER  
CORAL SPRINGS FL 33065

% CATHERINE BLACKWOOD  
2611 NW 115 TER  
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0204129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLACKWOOD, CATHERINE  
2611 NW 115 TER  
CORAL SPRINGS FL 33065

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.

SIGNATURE

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
BLACKWOOD, CATHERINE  
2611 NW 115 TER  
CORAL SPRINGS FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400004721174--9  
-12/12/01--01077-015  
\*\*\*\*150.00 \*\*\*\*150.00  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
BLACKWOOD, STUART  
2611 NW 115 TER  
CORAL SPGS FL ☐ Delete

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

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

SIGNATURE:

Catherine Blackwood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11 30 01

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FILED

01 DEC -3 PM 5:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

ST. CATHERINE T.L.C INC.  
9990 NORTHWEST 41ST STREET  
COOPER CITY  
FL 33024  
PHONE (954) 435 7443  
FAX (954) 438 4216

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11-30-01

Dear Sir / Madam

Re ST Catherine TLC

of 2611 NW 115th Ave Coral Spgs FL 33065.

Respectfully asked you to wave the late charges owing to change of address. I did not receive the necessary form until I was told by your <sup>office</sup> it was sent to the 2611 NW address. I enclosed a check for one hundred and twenty five \$150.00.

with thanks

Catherine Gladson