

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L77392

FILED  
Apr 29, 2003  
Secretary of State

Entity Name: ST. CATHERINE T.L.C., INC.

## Current Principal Place of Business:

9990 NORTHWEST 41ST STREET  
COOPER CITY, FL 33024

## New Principal Place of Business:

## Current Mailing Address:

9990 NORTHWEST 41ST STREET  
COOPER CITY, FL 33024

## New Mailing Address:

FEI Number: 65-0204129

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLACKWOOD, CATHERINE  
2611 NW 115 TER  
CORAL SPRINGS, FL 33065 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete  
Name: BLACKWOOD, CATHERINE  
Address: 2611 NW 115 TER  
City-St-Zip: CORAL SPRINGS, FL

Title: V ( ) Delete  
Name: BLACKWOOD, STUART  
Address: 2611 NW 115 TERR  
City-St-Zip: CORAL SPGS, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE BLACKWOOD

MRS

04/29/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date