

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90148 043 \*\*\*158.75

**DOCUMENT # M84694**

1. Entity Name

**KOOTER BROWNS OF FLORIDA, INC.**

Principal Place of Business

C/O THOMAS G. VAN MATRE, JR.  
 4300 BAYOU BOULEVARD, SUITE 16  
 PENSACOLA FL 32503

Mailing Address

C/O THOMAS G. VAN MATRE, JR.  
 4300 BAYOU BOULEVARD, SUITE 16  
 PENSACOLA FL 32503

*Kooter Browns*

2. Principal Place of Business

*Kooter Browns 6014 N. Ninth Ave*  
 Suite, Apt. #, etc.

3. Mailing Address

*6014 N. Ninth Ave*  
 Suite, Apt. #, etc.

City & State

*Pensacola FL*

City & State

*Pensacola FL*

4. FEI Number

**59-2892529**

Applied For

Not Applicable

Zip

*32504*

Country

*USA*

Zip

*32504*

Country

*USA*

5. Certificate of Status Desired

☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

*J. VAN MATRE, THOMAS G., JR.*  
 4300 BAYOU BOULEVARD  
 SUITE 16  
 PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name *Pamela S Thompson*

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

*5886 Shimmering Pines St*

City

*Pace*

**FL**

Zip Code

*32571*

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

*Pamela S. Thompson - President*

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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAUGHMAN, JEFFREY A SR.	
STREET ADDRESS	3165 HWY. 196	
CITY-ST-ZIP	CANTONMENT FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALLER, WILLIAM R..	
STREET ADDRESS	6121 ALICIA DR. PINES ST.	
CITY-ST-ZIP	PACE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROGERS, W.W. III	
STREET ADDRESS	7853 PETERSEN POINT	
CITY-ST-ZIP	MILTON FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, PAMELA SU	
STREET ADDRESS	1616 SHIMMERING PINES	
CITY-ST-ZIP	PACE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pamela S Thompson	
STREET ADDRESS	5886 Shimmering Pines St.	
CITY-ST-ZIP	Pace FL 32571	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Pamela S. Thompson* *Pamela S. Thompson President*

*(850) 484-3100*

CR2E034 (9/01)