

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-10-2003 90183 046 ***150.00

DOCUMENT # **R000000038584**

1. Entity Name

CATHERINE G. BROTSKER PA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3315 SCRUB OAK LN

Suite, Apt. #, etc.

3. Mailing Address

3315 SCRUB OAK LN

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

Zip **32223**

Country **USA**

City & State

JACKSONVILLE, FL

Zip **32223**

Country **USA**

4. FFI Number

59-3648187

Applied For

☒ Not Applicable

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 **R. B. CRABTREE**

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

3717 SAN JOSE BLVD

BUILDING A, SUITE 200

City **JACKSONVILLE**

FL

Zip Code **32217**

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

January 1 to May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$81.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRESIDENT
CATHERINE G. BROTSKER
3315 SCRUB OAK LN
JACKSONVILLE, FL 32223**

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **CATHERINE G. BROTSKER** *Catherine G. Brotsker* 3/7/03 904-230-8630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)