

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90048 030 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000062702
 1. Entity Name
 KATHERINE HICKS, P.A.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 33 FISHERMANS COVE
 Suite, Apt. #, etc.

3. Mailing Address
 33 FISHERMANS COVE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3727654 Applied For Not Applicable

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

City & State PONTE VEDRA BEACH, FL

Zip 32082 Country USA

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name KATHERINE HICKS

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

33 FISHERMANS COVE

City PONTE VEDRA BEACH FL Zip Code 32082

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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	DPST	TITLE	
NAME	KATHERINE HICKS	NAME	
STREET ADDRESS	33 FISHERMANS COVE	STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Katherine Hicks* KATHERINE HICKS 904-285-6679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)