

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

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

07-11-2003 90048 030 ***150.00

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

City & State

PONTE VEDRA BEACH, FL

City & State

PONTE VEDRA BEACH, FL

4. FEI Number

59-3727654

Applied For

Not Applicable

Zip
32082

Country
USA

Zip
32082

Country
USA

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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
NAME
STREET ADDRESS
CITY-ST-ZIP

DPST
KATHERINE HICKS
33 FISHERMANS COVE
PONTE VEDRA BEACH, FL 32082

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**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)