## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P01000087578

TAYLOR, JUANITA W

JACKSONVILLE, FL 32223

1801 GRASSINGTON WAY NORTH

Name:

Address: City-St-Zip:

Entity Name: SPOILED BRAT, INC.

FILED Apr 29, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1801 GRASSINGTON WAY NORTH 1624 EAST 12TH STREET JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32206 **Current Mailing Address: New Mailing Address:** PO BOX 14564 ATLANTA, GA 30324 **FEI Number:** FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAISON TOO, INC 1624 EAST 12TH STREET JACKSONVILLE, FL 32206 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 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO ( ) Delete Title: (X) Change ( ) Addition THOMPSON CAISON, PAMELA CAISON, PAMELA Name: Name: 1801 GRASSINGTON WAY NORTH 1624 EAST 12TH STREET Address: Address: City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: JACKSONVILLE, FL 32206 Title: COO () Delete Title: (X) Change ( ) Addition Name: MURRAY, RUDY Name: TAYLOR, JUANITA W 1801 GRASSINGTON WAY NORTH 1624 EAST 12TH STREET Address: Address: JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32206 City-St-Zip: City-St-Zip: Title: Title: CFO (X) Delete () Change () Addition

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

Name:

Address:

City-St-Zip:

SIGNATURE: PAMELA T CAISON CEO 04/29/2002

above, or on an attachment with an address, with all other like empowered.