

FILED

03 MAY 30 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000094604

1. Entity Name
CATHERINES #5139, INC.Principal Place of Business
450 WINKS LN.
BENSALEM, PA 19020Mailing Address
3750 STATE ROAD 7-B13
BENSALEM, PA 19020

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
52-2344829Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name

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

City

FL

Zip Code

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 necessary)

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
Make Check Payable to Florida Department of State9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D BERN, DORRIT J.
STREET ADDRESS 450 WINKS LN.
CITY-STATE-ZIP BENSALEM, PA 19020TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME D SULLIVAN, JOHN J.
STREET ADDRESS 450 WINKS LN.
CITY-STATE-ZIP BENSALEM, PA 19020TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME D SCHRIVER, RODNEY
STREET ADDRESS 450 WINKS LN.
CITY-STATE-ZIP BENSALEM, PA 19020TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
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CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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 Block 11 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 #

CH2E034 (10/02)

9/6/2