

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

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90237 004 ***150.00

DOCUMENT # P05000084048
1. Entity Name
BROOKE'S BOUTIQUE INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2985 ST JOHNS BLVD		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE BEACH, FL		City & State	
Zip 32250-8121	Country	Zip	Country

40084897

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0746429		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name HEUSCHKEL, LYNN	
Street Address (P.O. Box Number is Not Acceptable) 2985 ST. JOHNS BLVD.	
City JACKSONVILLE BEACH	FL
Zip Code 32250	

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEUSCHKEL, LYNN 2985 ST. JOHNS BLVD. JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEFILIPPIS, KIMBERLY 607 BONAIRE CIRCLE JACKSONVILLE BEACH, FL 32250
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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:

LYNN HEUSCHKEL

4/15/07

904 270-2073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #