

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

FILED ATX1
Apr 18, 2008 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE

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

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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	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
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

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

11.

TITLE D	NAME HEUSCHKEL, LYNN
STREET ADDRESS 2985 ST. JOHNS BLVD.	CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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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)(l), 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 **LYNN HEUSCHKEL** 4/16/2008 **904 270-2073**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #