FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90093 047 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P99000065871

1. Entity Name

CITY-ST-ZIP

KATHARINE H. GASKELL, INC.

Principal Plac	ce of busines:	S	Malling	Mailing Address							
1000 VICARS LANDING WAY, PH-11			1000	1000 VICARS LANDING WAY, PH-11							
PONTE VEDRA BEACH FL 32082			PONTE VEDRA BEACH FL 32082								
101112 12211				_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				4 100 1100 110 10110 (Day only and only 00114	::: ::::::::::::::::::::::::::::::::::		
2. Principal Place of Business			3. Mailing Address								
2. Philipar Flace or business			or maining radioss					1 12011001 10111 10111 10111 10111 10111			
			4								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
			<u> </u>								
City & State			City & State				4. (FEI Number	T/	Applied For	
			1					59-3590003 Not Applicable			
Zip Country			Zip Cou			v		5 Certificate of Status Desired \$8.75 Additional			
					000	,	5. Certificate of Status Desired Fee Rec				
	& Name						7. Name and Address of New Registered Agent				
6. Name and Address of Current Registered Agent						Name					
						Name					
YONG, FI	RANK J			-			Address (DO Bay Number in Not Assessable)				
		T 440					Street Address (P.O. Box Number is Not Acceptable)				
701 FISK STREET STE 110											
JACKSONVILLE FL 32204											
					F	City . CI Zip Code					
							· FL Zip Code				
0 The share		- In a few Alexander									
			or the purpo	ose of changing its	s registered	a onice of	registered ag	jent, or both, in the State of Florida. I am fa	amiliar with	n, and accept	
the obligat	tions of regist	ered agent.						. 1	1		
	K-A	A	Jask	'⊅ 				4/,,	103	í	
SIGNATURE .	 _	teate 41		Control (Mary	5 B 1 1 1 1 1 1 1 1 1 1			DATE.	<u>/ US</u>		
	Signature, typed	or printed name of registered agent	and title if appli	icable. (NOI	E: Hegisterea	Agent signati	ure required when re	einstating) DATE			
F	ILE NOW!	! FEE IS \$150.00									
₹ A#o	* May 1 200	3 Fee will be \$550.00						9. Election Campaign Financing	\$5. ⁻	00 May Be	
		Florida Department o	s Ctata					Trust Fund Contribution.	Adde	ed to Fees	
Wake Cileci	K rayable (C	Florida Department d	JIAIC								
10.		OFFICERS AND	DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 11	
TITLE	PD			☐ Delete	TITLE				☐ Change	☐ Addition	
NAME		MATUADISIT II		LI Delicie	NAME				vange		
	GASKELL,	KATHARINE H									
STREET ADDRESS		IRS LANDING WAY PH				T ADDRESS					
CITY-ST-ZIP	PONTE VE	EDRA BEACH FL 3208	2		CITY-S	ST-ZIP		•			
TITLE				☐ Delete	TITLE		D/C		☐ Change	Addition	
NAME	•			L Delete	NAME		Displa	H. GASKELL			
	i						- GIGA	M. AMSKELL			
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STREET ADDRESS	1					T ADDRESS	106 6	P. GASKEU AKESIDE AUG TEN, MA 01570		j	
CITY-ST-ZIP					CITY-S	ST-ZIP	WEBS	TER, MA 0/570			
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

904-285-5535