

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91906 046 \*\*\*150.00

0189631 AV

DOCUMENT # **L38092**

1. Entity Name  
**ROBERT F. MAHONEY, P.A.**



Principal Place of Business  
~~3001 N. FEDERAL HWY.~~  
~~POMPANO BEACH FL 33064~~  
US

Mailing Address  
~~3001 N. FEDERAL HWY~~  
~~POMPANO BEACH FL 33064~~  
US



2. Principal Place of Business  
**7777 GLADES ROAD**  
Suite, Apt. #, etc.  
**209**

3. Mailing Address  
**7777 GLADES ROAD**  
Suite, Apt. #, etc.  
**209**

City & State  
**BOCA RATON, FL**

City & State  
**BOCA RATON, FL**

4. FEI Number **65-0169416**

Applied For  
Not Applicable

Zip  
**33434**

Country  
**US**

Zip  
**33434**

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
~~MAHONEY, ROBERT F.~~  
~~3001 NORTH FEDERAL HIGHWAY~~  
~~POMPANO BEACH FL 33064~~

7. Name and Address of New Registered Agent  
Name **ROBERT F. MAHONEY, P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**7777 GLADES RD**  
**SUITE 209**  
City **BOCA RATON** FL Zip Code **33434**

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 **ROBERT F. MAHONEY, P.A.** DATE **5/1/03**

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS MAHONEY, ROBERT F. 757 N.W. 41 TERRACE DEERFIELD BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP MAHONEY, BARBARA N 757 N.W. 41 TERR DEERFIELD BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **ROBERT F. MAHONEY** DATE **5/1/03** DAYTIME PHONE # **561-451-9990**

CFR2034 (10/02)