

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054254

1. Entity Name

MARY M. FORESMAN OD P.A.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90433 015 ***150.00

Principal Place of Business

Mailing Address

1112 WESTON ROAD
~~SUITE 131~~
 WESTON FL 33326

1112 WESTON ROAD
~~SUITE 131~~
 WESTON FL 33326-1915

2. Principal Place of Business

3. Mailing Address

1112 Weston RD

1112 Weston RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 131

PMB 131

City & State

City & State

Weston, FL

Weston, FL

Zip

Country

Zip

Country

33326

Broward

33326

Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORESMAN, MARY
 1112 WESTON ROAD
 SUITE 131
 WESTON FL 33326

Name MARY FORESMAN

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

1112 Weston RD

PMB 131

City Weston

FL

Zip Code

33326

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
 NAME FORESMAN, MARY
 STREET ADDRESS 1112 WESTON ROAD, #131
 CITY-ST-ZIP WESTON FL 33326

TITLE ☐ Change ☒ Addition
 NAME T SETH T. FORESMAN
 STREET ADDRESS 2005 Lakeshore Dr.
 CITY-ST-ZIP Weston, FL 33326

TITLE ☐ Delete
 NAME ~~T SETH T. FORESMAN~~
 STREET ADDRESS ~~2005 Lakeshore Dr.~~
 CITY-ST-ZIP ~~Weston, FL 33326~~

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary M. Foreman MARY M. FORESMAN

4/18/2000 954-970-5565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)