

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000054254

1. Entity Name
MARY M. FORESMAN OD P.A.



FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90157 005 ***150.00

0362962 AV

Principal Place of Business
1112 WESTON ROAD
PMB 131
WESTON FL 33326

Mailing Address
1112 WESTON ROAD
PMB 131
WESTON FL 33326



2. Principal Place of Business
JCPenney Optical
Suite, Apt. #, etc. University Mall
7171 N. Davis Hwy

3. Mailing Address
2260 S. Fardon Blvd
Suite, Apt. #, etc. # 173

City & State
Pensacola Florida
Zip 32504
Country USA

City & State
Crestview, Florida
Zip 32536
Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0763588

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FORESMAN, MARY
1112 WESTON ROAD
PMB 131
WESTON FL 33326

7. Name and Address of New Registered Agent

Name MARY FORESMAN
Street Address (P.O. Box Number is Not Acceptable)
2260 S. Fardon Blvd
173
City Crestview FL Zip Code 32536

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 *Mary M. Foreman*

04/28/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D	<input type="checkbox"/> Delete
NAME	FORESMAN, MARY	
STREET ADDRESS	1112 WESTON ROAD, #131	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FORESMAN, SETH	
STREET ADDRESS	2005 LAKESHORE DR	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORESMAN, MARY	
STREET ADDRESS	2260 S. Fardon Blvd	
CITY-ST-ZIP	# 173 Crestview, FL 32536	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Mary M. Foreman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/03

Date

954-472-6626

Daytime Phone #

CR2E034 (10/02)