

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 650544

1. Entity Name  
RICHARD & PAMELA MABRY, INC.

Principal Place of Business

11922 U S 19N  
CLEARWATER FL 33764  
US

Mailing Address

11922 U S 19N  
CLEARWATER FL 34624  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LANTOS, GONZARO J  
2987 62 AVENUE SOUTH  
SAINT PETERSBURG FL 33712

7. Name and Address of New Registered Agent

Name JAY E KAUFFMAN C.P.A.

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

6526 Central Ave.

City St. Petersburg

FL

Zip Code 33707

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

*Jay E Kauffman*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-27-01

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, 2001 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

TITLE PD ☐ Delete  
NAME MABRY, RICHARD W.  
STREET ADDRESS 11922 U.S. 19 N  
CITY-ST-ZIP CLEARWATER FL

TITLE P ☐ Delete  
NAME MABRY, CHERYL D  
STREET ADDRESS 11922 US 19 N  
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600004653796--9  
CITY-ST-ZIP -10/25/01--01075--011  
\*\*\*\*750.00 ☐ Change ☐ Addition

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

*Cheryl D Mabry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-27-01 *Cheryl D Mabry*

APPROVED  
AND  
FILED

01 OCT 15 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 2001



DO NOT WRITE IN THIS SPACE

*CP*

4. FEI Number 59-2407203

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

CR2E034 (10/00)