

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 09, 2002 8:00 am**  
**Secretary of State**

07-09-2002 90017 022 \*\*\*\*70.00

**DOCUMENT # 744536**

1. Entity Name

**IN THE PINES, INC.**

Principal Place of Business

16101 HALF MILE RD  
 #D-2  
 DELRAY BEACH FL 33446  
 US

Mailing Address

16101 HALF MILE RD  
 #D-2  
 DELRAY BEACH FL 33446  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1862904**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESPINOZA, MARY**  
**16101 HALF MILE RD**  
**#D-2**  
**DELRAY BEACH FL 33446**

Name

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

City

**FL**

Zip Code

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**After September 13, 2002,**  
**min. will be \$236.25.**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10

TITLE	SD	<input type="checkbox"/> Delete
NAME	ESPINOZA, MARY	
STREET ADDRESS	16101 HALF MILE RD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BURELSON, JUDY	
STREET ADDRESS	2975 SW WATERFALL TR	
CITY-ST-ZIP	PALM CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCCOMBS, MARTHA J	
STREET ADDRESS	6568 W ATLANTIC AVE	
CITY-ST-ZIP	DELRAY BCH FL 33446	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BANDY, KAREN	
STREET ADDRESS	1798 ISABEL RD	
CITY-ST-ZIP	BOCA RATON FL 33486	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 617, 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: Judy Burelson **REQUIRED**

7/3/02 561-637-1108

CR2E037 (4/02)