## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 06, 2002 8:00 am 5 Secretary of State : **FILED** F72652 DOCUMENT # 1. Entity Name 03-06-2002 90071 018 \*\*\*150.00 MARY WAYNE, INC. Mailing Address Principal Place of Business 11000 GULFSHORE BLVD. 11000 GULFSHORE BLVD. NAPLES FL 34108 NAPLES FL 34108 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2179940 Not Applicable \$8.75 Additional Zip Country Zip Country 5, Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MICKELSON, MARY Street Address (P.O. Box Number is Not Acceptable) 11000 GULF SHORE BLVD NORTH, NAPLES FL 34108 Zip Code City 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE MICKELSON, MARY A. NAME NAME 11000 GULFSHORE BLVD. N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

MAY

Mark Mickelson

1/30/02

941-597-9538 Daytime Phone #