2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F72652**

1. Entity Name
MARY WAYNE, INC.



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90150 012 ***150.00

| TITLE | | • - | | | | | , | | | | | | | |
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| Sulfo, Apt. #. etc. Suito, Apt. #. etc. Suito, Apt. #. etc. City & Siglio A-FEI Numbor 59-2179940 A-Applied For Next Application N | 11000 GULFSHORE BLVD. | | | 11000 GULFSHORE BLVD. | | | | | 0 21 8 1 8 18 | ı ülün sısısı | 4 111111 1 | :: 18 12 13 14 18 8 1 | | |
| City & State Country Country Country Country Size of Fill Rumber 59-2179940 Nove Application See September 1 Nove Application For Regulatored Perfection For Regulatored Agent Nome Nome Nome Street Address of New Registered Agent City FL Zip Code City FL Zip Code Size Address (P.O. Box Number is Not Acceptable) City FL Zip Code To City FL Zip Code The none named entity automist this statement for the purpose of changing its registered agent, or post, in the State of Fronda. I am farmiliar with, and accept the occipations of registered agent. Signature Signature FILE NOW!! FEE IS \$150.00 Make Check Payable to Fronda Department of State 11. ADD-ITONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADD-ITONS/CHANGES TO OFFICERS AND DIRECTORS IN 7. ADD-ITONS/CHANGE | 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | | | |
| City & State City & State Country Co | Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | CHECK HERE IE MAKING CHANGES | | | | | | | |
| Second S | City & State | | | City & State | | | 4 | Annual Comment Comment | | | Applied For | | | |
| MCKELSON, MARY 11000 GULF SHORE BLIVD NORTH, NAPLES FL 34108 8. The above named antity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. But shows a first property of the obligations of registered agent. But shows a first property of the obligations of registered agent. But shows a first property of the obligations of registered agent. But shows a first property of the obligations of registered agent. But shows a first property of the obligations of registered agent. But shows a first property of the obligations of registered agent. But shows a first property of the obligations of registered agent. But shows a first property of the obligations of registered agent. But shows a first property of the obligations of registered agent. But shows a first property of the obligations of registered agent. But shows a first property of the obligations of registered agent. But shows a first property of the obligations of registered agent. But shows a first property of the obligations of registered agent. But shows a first property of the obligations of registered agent. In the State of Florida. I am familier with, and accept the the obligations of registered agent. In the State of Florida. I am familier with, and accept the the obligations of registered agent. In the State of Florida and a familier with, and accept the theology of the obligations of registered agent. In the State of Florida and a familier with, and accept the theology of the obligations of registered agent. In the State of Florida and a familier with, and accept the theology of the familier with, and accept the familier with, and accept the familier with, and accept the familier with | Zip | Country | Zip C | | | Country 5 | | | | | 5 Add | litional | 1 | |
| MICKELSON, MARY 11000 GULF SHORE BLVD NORTH, NAPLES FL 34108 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am farm list with, and accept the obligations of registered agent. SIGNATURE THE NOW!!! FEE IS \$150.00 | | 6. Name and Address of Current | Paristered Agent | | | T : | Fee Required | | | | | <u> </u> | - | |
| Steel Address (P.O. Box Number is Not Acceptable) | | | iog.otor | od Agent | | Name | | tame and Address of New Ne | giatere | Ayent | | · · · · · · · · · · · · · · · · · · · | 1 | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Symature Name Symature Name Symature Name Symature Name N | 11000 GULF SHORE BLVD NORTH, | | | | ٠, | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Sprake, hybrid or princed registered agent and title 1 application. (NOTE. Registered Agent signature required when remailable) DATE | NAPLES I | -L 34108 | سير سامي | | مست | City | ٠ جست | / - | F | L Zip | Cod | e | - | |
| Signature, Newtor current rearent agent and silent applicable. (NOTE: Registroed Agent signature required when re-outset size) OATE | 8. The above the obligat | named entity submits this statement for ions of registered agent. | the purp | pose of changing its r | egister | ed office or registere | ed ag | ent, or both, in the State of Flori | da. I ar | n familiar | with, | and accept | 1 | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 May Be Added to Fees | SIGNATURE . | | nd title it apo | plicable (NOTE | Registere | d Agent signature required | when re | sinstation) | ·DATE | | | | | |
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| | | ertify that the information supplied with t | his filing | does not qualify for t | | | ation + | 10.07(2\f)\ Elorida Ctatuta - 15 | urth a - : | | ala c 1 - | (a 1° | - | |

2. 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

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Mickelsor

1/10/03 g

941-597-9538