

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Oct 03, 2002 8:00 am**  
**Secretary of State**

10-03-2002 90050 018 \*\*\*750.00

**DOCUMENT # H46239**

1. Entity Name  
**207 CORPORATION**

Principal Place of Business  
**% MARY CATHERINE BONNER**  
**207 S.W. 12TH CT.**  
**FT LAUDERDALE FL 33315**

Mailing Address  
**% MARY CATHERINE BONNER**  
**207 S.W. 12TH CT.**  
**FT LAUDERDALE FL 33315**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*207 SW 12th Ct*  
 Suite, Apt. #, etc.

3. Mailing Address  
*207 SW 12th Ct*  
 Suite, Apt. #, etc.

City & State  
*FT Laud FL*  
 Zip  
*33315*

City & State  
*FT Laud FL*  
 Zip  
*33315*

4. FEI Number  
**59-2507531-**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BONNER, MARY CATHERINE**  
**207 S.W. 12TH CT.**  
**FT LAUDERDALE FL 33315**

**7. Name and Address of New Registered Agent**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	DP BONNER, MARY CATHERINE 207 S.W. 12TH COURT FT LAUDERDALE FL 33315 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>207 SW 12th Ct</i> <i>FT Laud FL 33315</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Mary Catherine Bonner*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*10/01/02* *954-523-6225*  
 Date Daytime Phone #

CR2E034 (4/02)