

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K70287

1. Entity Name

MARY'S TAXI, INC.

Principal Place of Business

1157 MCCALL RD S.  
ENGLEWOOD FL 34223

Mailing Address

1157 S. MCCALL RD  
745 S. OXFORD DR.  
ENGLEWOOD FL 34223-3544

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0108102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUTLER, LINDA L

833 E 7TH STREET  
ENGLEWOOD FL 24223

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

34223

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

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 \$150.00**  
**After MAY 1, 2000 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 ☐ Delete  
NAME DP  
STREET ADDRESS SMITH, BETH M.  
CITY-ST-ZIP 1796 FLORENCE  
ENGLEWOOD FL

TITLE ☐ Delete  
NAME T  
STREET ADDRESS MAYS, DEANNA  
CITY-ST-ZIP 1796 FLORENCE AVE  
ENGLEWOOD FL 34223

TITLE ☐ Delete  
NAME S  
STREET ADDRESS BUTLER, LINDA L  
CITY-ST-ZIP 745 S. OXFORD DR.  
ENGLEWOOD FL 34223

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  
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition  
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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:

*Linda L Butler* LINDA L BUTLER

Date

Daytime Phone #

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90049 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE