

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90005 037 ****61.25

DOCUMENT # N00000007904

1. Entity Name

MARY'S ROOM INTERNATIONAL, INC.

Principal Place of Business

**840 GEORGE BUSH BOULEVARD
 BUILDING D
 DELRAY BEACH FL 33483**

Mailing Address

**840 GEORGE BUSH BOULEVARD
 BUILDING D
 DELRAY BEACH FL 33483**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1059168

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**J. PATRICK FITZGERALD, ESQ.
 110 MERRICK WAY
 SUITE 3-B
 CORAL GABLES FL 33134**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **SKEHAN, JOHN**
 CITY-ST-ZIP **840 GEORGE BUSH BOULEVARD
 DELRAY BEACH FL 33483**

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **SOCKOL, TIMOTHY**
 CITY-ST-ZIP **840 GEORGE BUSH BOULEVARD
 DELRAY BEACH FL 33483**

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **MUELLER, KATHLEEN**
 CITY-ST-ZIP **797 MALLARD DRIVE
 DELRAY BEACH FL 33444**

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **MUELLER, GUY**
 CITY-ST-ZIP **797 MALLARD DRIVE
 DELRAY BEACH FL 33444**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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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TITLE ☐ Change ☐ Addition
 NAME
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 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:

REGISTRATION REQUIRED
Signature and Typed or Printed Name of Signing Officer or Director
John Skehan - 3-201-276-6892
 Date Daytime Phone #

CR2E037 (10/00)