

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90178 010 \*\*\*\*61.25

0041904

**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

☐ CHECK HERE IF MAKING CHANGES



**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. 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

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

|                 |                                  |                                 |
|-----------------|----------------------------------|---------------------------------|
| TITLE           | PD                               | <input type="checkbox"/> Delete |
| NAME            | <b>SKEHAN, JOHN</b>              |                                 |
| STREET ADDRESS  | <b>840 GEORGE BUSH BOULEVARD</b> |                                 |
| CITY - ST - ZIP | <b>DELRAY BEACH FL 33483</b>     |                                 |
| TITLE           | VD                               | <input type="checkbox"/> Delete |
| NAME            | <b>SOCKOL, TIMOTHY</b>           |                                 |
| STREET ADDRESS  | <b>840 GEORGE BUSH BOULEVARD</b> |                                 |
| CITY - ST - ZIP | <b>DELRAY BEACH FL 33483</b>     |                                 |
| TITLE           | TD                               | <input type="checkbox"/> Delete |
| NAME            | <b>MUELLER, KATHLEEN</b>         |                                 |
| STREET ADDRESS  | <b>797 MALLARD DRIVE</b>         |                                 |
| CITY - ST - ZIP | <b>DELRAY BEACH FL 33444</b>     |                                 |
| TITLE           | SD                               | <input type="checkbox"/> Delete |
| NAME            | <b>MUELLER, GUY</b>              |                                 |
| STREET ADDRESS  | <b>797 MALLARD DRIVE</b>         |                                 |
| CITY - ST - ZIP | <b>DELRAY BEACH FL 33444</b>     |                                 |
| TITLE           |                                  | <input type="checkbox"/> Delete |
| NAME            |                                  |                                 |
| STREET ADDRESS  |                                  |                                 |
| CITY - ST - ZIP |                                  |                                 |
| TITLE           |                                  | <input type="checkbox"/> Delete |
| NAME            |                                  |                                 |
| STREET ADDRESS  |                                  |                                 |
| CITY - ST - ZIP |                                  |                                 |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                 |   |
|-----------------|---|
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| CITY - ST - ZIP |   |
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |   |
| STREET ADDRESS  |   |
| 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)(l), 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 an other like empowered.

**SIGNATURE:**

*Kathleen Mueller*  
**Kathleen Mueller**

**4-29-03 561-276-4320**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Deadline Phone #

CR2E037 (10/02)