

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90294 036 \*\*\*150.00

**DOCUMENT # P00000000830**

1. Entity Name

**JOAN S. MASON, LCSW CAP, P.A.**

Principal Place of Business

**200 1ST AVE  
 305  
 PASS-A-GRILLE FL 33706**

Mailing Address

**200 1ST AVE  
 305  
 PASS-A-GRILLE FL 33706**

2. Principal Place of Business

~~**1227 1st Ave S  
 Suite, Apt. #, etc.  
 109X119  
 St. Petersburg FL  
 33707 Pinellas**~~

3. Mailing Address

~~**3491 62nd Ave NE  
 Suite, Apt. #, etc.  
 #5  
 Pinellas Park, FL  
 33718 Pinellas**~~



DO NOT WRITE IN THIS SPACE

**St. Petersburg FL  
 33707 Pinellas**

**Pinellas Park, FL  
 33718 Pinellas**

4. FEI Number **59-3167685**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MASON, JOAN S  
 200 1ST AVE  
 305  
 PASS-A-GRILLE FL 33706**

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 *Jo S. Mason*

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, 2002 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 **D** ☐ Delete  
 NAME **MASON, JOAN S**  
 STREET ADDRESS **200 1ST AVE # 305**  
 CITY-ST-ZIP **PASS-A-GRILLE FL 33706**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 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  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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:

*Signature*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/02 1227367-4139**  
 Date Daytime Phone #

CR2E034 (9/01)