

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P00000000830**

1. Entity Name

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



**FILED  
Jul 28, 2003 8:00 am  
Secretary of State**

07-28-2003 90137 013 \*\*\*550.00

9128600  
AV

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 **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State **4. FEI Number** **59-3167685** **Applied For**  
**Not Applicable**

Zip Country Zip Country **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

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 \$550.00**  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State **9. Election Campaign Financing**  
Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. <input type="checkbox"/> OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>D</b> MASON, JOAN S 200 1ST AVE # 305 PASS-A-GRILLE FL 33706	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 607, 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:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/03 227-367-4139  
Daytime Phone #

CR2E034 (4/03)