

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

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90870 025 \*\*\*150.00

**DOCUMENT #** P00000079105

**1. Entity Name**

Mary Bottalla, Inc.

**DO NOT WRITE IN THIS SPACE**

B0054124

<b>2. Principal Place of Business</b> 180 Seaview Court Suite, Apt. #, etc. 311 City & State Marco Island, FL Zip 34145 Country USA		<b>3. Mailing Address</b> 3838 Tamiami Tr. N. Suite, Apt. #, etc. 300 City & State Naples, FL Zip 34103 Country USA	
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<b>4. FEI Number</b> 59-3665935		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
Kenneth D. Goodman  
Street Address (P.O. Box Number is Not Acceptable)  
3838 Tamiami Tr. N.  
Suite 300  
City  
Naples FL Zip Code  
34103

**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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

<b>TITLE</b>	P/D
<b>NAME</b>	Mary Bottalla
<b>STREET ADDRESS</b>	12 Watergate
<b>CITY - ST - ZIP</b>	South Barrington, IL 60010

<b>TITLE</b>	V/S/T/D
<b>NAME</b>	Roger J. Bottalla
<b>STREET ADDRESS</b>	2353 W. Belmont Ave, #205
<b>CITY - ST - ZIP</b>	Chicago, IL 60618

<b>TITLE</b>	
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<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

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**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Mary Bottalla Mary Bottalla, Pres 3/18/02 239-403-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #