

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90102 011 ***150.00

DOCUMENT # P01000032960

1. Entity Name
ELLEN S. MAHER, P.A.

Principal Place of Business

**1625 W. MARION AVENUE
SUITE 2
PUNTA GORDA FL 33950**

Mailing Address

**1625 W. MARION AVENUE
SUITE 2
PUNTA GORDA FL 33950**

2. Principal Place of Business

**1100 Fifth Ave. South
Suite, Apt. #, etc.
Suite 301**

3. Mailing Address

**1100 Fifth Ave. South
Suite, Apt. #, etc.
Suite 301**

City & State

Naples, FL

City & State

Naples, FL

Zip
34102

Country
USA

Zip
34102

Country
USA

4. FEI Number

62-1850982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAHER, ELLEN S ESQ.
1625 W. MARION AVENUE
SUITE 2
PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

Name **Ellen S. Maher, Esq**
Street Address (P.O. Box Number is Not Acceptable)
1100 Fifth Ave. South
Suite 301
City **Naples** FL Zip Code **34102**

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

2-11-02

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	<input type="checkbox"/> Delete
NAME	MAHER, ELLEN S	
STREET ADDRESS	3200 MATECUMBE KEY ROAD	
CITY-ST-ZIP	PUNTA GORDA FL 33955	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-02 941-261-4673

CR2E034 (9/01)