## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jul 10, 2002 8:00 am Secretary of State P01000035566 DOCUMENT # 1. Entity Name 07-10-2002 90181 026 \*\*\*150.00 MARY L. GEER, P.A. Mailing Address Principal Place of Business 2886 TAMIAMI TR. STE 8 2886 TAMIAMI TR. STE 8 PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State -1092300 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GEER, MARY L Street Address (P.O. Box Number is Not Acceptable) 2886 TÁMIAMI TR, STE 8 PORT CHARLOTTE FL 33952 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME GEER, MARY L NAME STREET ADDRESS 2886 TAMIAMI TR, STE 8 STREET ADDRESS PORT CHARLOTTE FL 33952 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE □ Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Mary L. Geer D.C. #P0/00035566 (941) 627-2200

Attorney at Law

July 6, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Annual Report

Dear Sir or Madam:

I received the 2002 Uniform Business Report in the mail today, and needless to say, I was distressed. I incorporated during last year, and am not in the habit of filing the Annual Reports, yet. Rest assured that it is already on my calendar for 2003.

This is the first notice or form I have received from the Department of State in this regard. Per the instructions in (8) under Frequently Asked Questions, I am submitting this letter along with a check in the amount of \$150.00. Should any additional penalty apply, please notify me and I will submit whatever is necessary to bring this matter current. Thank you for your consideration in this regard.

Yours very truly,

L. Geer

MLG\ enclosures