

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000117959

1. Entity Name

MARY ANN'S SUPPORT SERVICES INCORPORATED

FILED  
Jul 02, 2002 8:00 am  
Secretary of State

05-28-2002 91735 030 \*\*\*150.00

Principal Place of Business

1804 OPTIMIST DR.  
LAKELAND FL 33801

Mailing Address

1804 OPTIMIST DR.  
LAKELAND FL 33801

2. Principal Place of Business

1804 Optimist Dr.  
Suite, Apt., etc.

3. Mailing Address

1804 Optimist Dr.  
Suite, Apt., etc.

City & State

Lakeland, FL

County

Polk

City & State

Lakeland, FL

County

Polk

4. FID Number

P01000117959

Applied For

Not Applicable

5. Certificate of Status Desired

27-0017860

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DURR, MARY ANN  
1804 OPTIMIST DR.  
LAKELAND FL 33801

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	DURR, MARY ANN	
STREET ADDRESS	1804 OPTIMIST DR.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 10, 2002 (863) 667-2212

CR2E034 (9/01)