

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90143 021 \*\*\*150.00

0401240 AV

**DOCUMENT # P93000040091**

1. Entity Name  
**MARY ALLISON, P.A.**



Principal Place of Business  
**1165 N.E. 2ND TERRACE  
BOCA RATON FL 33432**

Mailing Address  
**1165 N.E. 2ND TERRACE  
BOCA RATON FL 33432**



2. Principal Place of Business

**4540 FICUS TREE RD. # B**

Suite, Apt. #, etc.

3. Mailing Address

**4540 FICUS TREE RD. # B**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

**BOYNTON BEACH, FL**

Zip  
**33436**

Country  
**USA**

City & State

**BOYNTON BEACH, FL**

Zip  
**33436**

Country  
**USA**

4. FEI Number

**65-0417659**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ALLISON, MARY  
1165 N.E. 2ND TERRACE  
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name  
**MARY M. ALLISON**

Street Address (P.O. Box Number is Not Acceptable)

**4540 FICUS TREE RD. # B**

City  
**BOYNTON BEACH**

**FL**

Zip Code  
**33436**

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 *MARY ALLISON* **MARY ALLISON**

**4-5-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
ALLISON, MARY  
1165 NE 2ND TERR  
BOCA RATON FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MARY M. ALLISON  
4540 FICUS TREE RD. # B  
BOYNTON BEACH, FLORIDA 33436** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: *MARY ALLISON*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**ALLISON**

**4-5-03**

Date

Daytime Phone #

CR2E034 (10/02)