

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 02, 2001 8:00 am**
Secretary of State

04-02-2001 90319 024 ***150.00

0008279

DOCUMENT # P93000066158

1. Entity Name

MARY ANNE FAVALE, INC.

Principal Place of Business

**290 CAPEN STREET
ORMOND BEACH FL 32174**

Mailing Address

**290 CAPEN STREET
ORMOND BEACH FL 32174****00030727**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3210512**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****FAVALE, COSMO V
290 CAPEN STREET
ORMOND BEACH FL 32174****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 reinstating)

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, 2001 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 | P | <input type="checkbox"/> Delete |
| NAME | FAVALE, MARY ANNE | |
| STREET ADDRESS | 290 CAPEN STREET | |
| CITY - ST - ZIP | ORMOND BEACH FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | FAVELE, COSMO V. | |
| STREET ADDRESS | 290 CAPEN STREET | |
| CITY - ST - ZIP | ORMOND BEACH FL | |
| 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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| 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 | |
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| 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: *Mary Anne Favale*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-01

Date

904-672-5392

Daytime Phone #

CR2E034 (10/00)