

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90040 050 ***150.00

DOCUMENT # P93000070703

1. Entity Name

MARY ALICE GWYNN, P.A.

Principal Place of Business

Mailing Address

2240 WOODBRIGHT RD.
 412
 BOYTON BEACH FL 33426
 US

2240 WOODBRIGHT RD.
 BOYTON BEACH FL 33426
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2240 WOODBRIGHT RD
 Suite, Apt. #, etc.
 411

2240 WOODBRIGHT RD
 Suite, Apt. #, etc.
 411

City & State

Boynton Bch, FL

City & State

Boynton Bch, FL

4. FEI Number

65-0448918

Applied For

Not Applicable

Zip

33426 Palm Bch

Country

Palm Bch

Zip

33426 Palm Bch

Country

Palm Bch

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GWYNN, MARY A
 811 GEORGE BUSH BLVD
 DELRAY BEACH FL 33683

Name **MARY ALICE GWYNN**

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

2240 WOODBRIGHT RD #411
 City Boynton Beach FL Zip Code 33426

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 *Mary Alice Gwynn* DATE 2/8/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	P	<input checked="" type="checkbox"/> Delete
NAME	GWYNN, MARY ALICE	
STREET ADDRESS	811 GEORGE BUSH BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWYNN, MARY ALICE	
STREET ADDRESS	2240 WOODBRIGHT RD #411	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
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		
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: *Mary Alice Gwynn* Date 2/8/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2E034 (9/99)