## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) Jan 14, 2002 8:00 am **Secretary of State DOCUMENT #** P93000070703 1. Entity Name 01-14-2002 90004 005 \*\*\*150.00 MARY ALICE GWYNN, P.A. Principal Place of Business Mailing Address 805 GEARGE BUSH BLVD 805 GEARGE BUSH BLVD DELRAY BEACH FL 33483 411 DELRAY BEACH FL 33483 US US 2. Principal Place of Business Mailing Address O5 GEOME BUSHBLUD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0448918 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agen 7. Name and Address of New Registered Agent Name GWYNN, MARY A Street Address (P.O. Box Number is Not Acceptable) 805 GEOREG BUSH BLVD DELRAY/BEACH FL 33483 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Delete Change ☐ Addition (9/01) TITLE BILE President GWYNN, MARY ALICE 2240 WOOL BRIGHT RD 411 BOYNTON BEACH FL 33426 MAM ALICE GWYN NAME NAME STREET ADDRESS STREET ADDRESS 05 George Bush BLVD CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

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 exposyered.

Change

Addition

TITLE

NAME

Delete

CITY-ST-ZIP

STREET ADDRESS

**SIGNATURE:** 

TITLE

NAME