

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000081357

1. Entity Name

MARY LYNN DESJARLAIS, P.A.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90050 013 ***150.00

Principal Place of Business

Mailing Address

8075 SOUTH BENEVA RD.
 SUITE 5
 SARASOTA FL 34238
 US

8075 SOUTH BENEVA RD.
 SARASOTA FL 34238-2906

2. Principal Place of Business

3. Mailing Address

7029A S. TAMiami TR

7029A S. TAMiami TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-0451806

Applied For

Not Applicable

Zip

34231

Country

USA

Zip

34231

Country

USA

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

DESJARLAIS, MARY LYNN
 8075 SOUTH BENEVA RD.
 SARASOTA FL 34238

Name

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

7029A S. TAMiami TRAIL

City

Sarasota

FL

Zip Code

34231

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

2/16/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	DPTS	<input type="checkbox"/> Delete
NAME	DESJARLAIS, MARY LYNN	
STREET ADDRESS	8075 SOUTH BENEVA RD. 7029A S. TAMiami TRAIL	
CITY-ST-ZIP	SARASOTA FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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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

2/16/2000

Date

Daytime Phone #

941/923-3388

CR2E034 (9/99)