

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073767

1. Entity Name

MARY ELIZABETH SALES, L.C.S.W., P.A.

FILED

Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90037 046 ***150.00

Principal Place of Business

Mailing Address

101 BRADLEY PLACE, SUITE 205
PALM BEACH FL 33480
US

101 BRADLEY PLACE, SUITE 205
PALM BEACH FL 33480-3828
US

2. Principal Place of Business

3. Mailing Address

2247 Palm Beach Lakes Blvd.

2247 Palm Beach Lakes Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

237

237

City & State

City & State

West Palm Beach FL

West Palm Beach FL

Zip

Country

Zip

Country

33409

USA

33409

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0616693

Applied For

Not Applicable

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

SALES, MARY ELIZABETH
101 BRADLEY PLACE #205
PALM BEACH FL 33480

Name

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

2247 Palm Beach Lakes Blvd.

Suite 237

City

West Palm Beach

FL

Zip Code

33409

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, 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 PD ☐ Delete
NAME SALES, MARY E
STREET ADDRESS 1555 PALM BEACH LAKES BLVD. #1505
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2247 Palm Beach Lakes Blvd. #237
CITY-ST-ZIP West Palm Beach FL 33409

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 I am empowered.

SIGNATURE:

Mary E. Sales

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-00

Date

561-686-9110

Daytime Phone #

CR2E034 (9/99)