

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000073767

1. Entity Name  
MARY ELIZABETH SALES, L.C.S.W., P.A.



**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90123 044 \*\*\*150.00

0374565 AV

Principal Place of Business  
1501 PRESIDENTIAL WAY  
SUITE 16  
WEST PALM BEACH FL 33401  
US

Mailing Address  
1501 PRESIDENTIAL WAY  
SUITE 16  
WEST PALM BEACH FL 33401  
US

11030705



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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  
1501 PRESIDENTIAL WAY  
SUITE 16  
WEST PALM BEACH FL 33401

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SALES, MARY E  
STREET ADDRESS 2247 PALM BCH LAKES BLVD #240  
CITY-ST-ZIP WEST PALM BEACH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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TITLE PD  
NAME SALES, MARY E  
STREET ADDRESS 1501 PRESIDENTIAL WAY, SUITE 16  
CITY-ST-ZIP WEST PALM BEACH FL 33401

☒ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

501-1289-1220

Date

Daytime Phone #

CR2E034 (10/02)