

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90258 048 \*\*\*150.00

**DOCUMENT # P97000010814**

1. Entity Name  
**MARY FOX, E.A. & ASSOCIATES, INC.**



Principal Place of Business  
**5608 SE 113TH STREET  
STE B  
BELLEVUE FL 34420**

Mailing Address  
**11845 SW 169TH AVE  
OCKLAWAHA FL 32179**

2. Principal Place of Business  
**5608 SE 113th St**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite B**

City & State  
**Bellevue, FL**

City & State

Zip  
**34420**

Country  
**USA**

Zip

Country

4. FEI Number **59-3426491**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**FOX, WILLIAM  
11845 SW 169TH AVE  
OCKLAWAHA FL 32179**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
FOX, WILLIAM L  
11845 SW 169TH AVE  
OCKLAWAHA FL 32179** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
FOX, MARY  
11845 SW 169TH AVE  
OCKLAWAHA FL 32179** ☐ Delete

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

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

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARY FOX**

**VICE PRESIDENT**

**04/23/03**

**(352)347-4424**

Date

Daytime Phone #

CR2E034 (10/02)