

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000059699

1. Entity Name

THE LAW OFFICE OF MARY KANE, P.A.

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90078 041 ***150.00

Principal Place of Business

1725 E MAHAN DR
#115
TALLAHASSEE FL 32308

Mailing Address

1725 E MAHAN DR
#115
TALLAHASSEE FL 32308

2. Principal Place of Business

254 E. 6th Ave.

3. Mailing Address

254 E. 6th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip

32303

Country

USA

Zip

32303

Country

USA

4. FEI Number

84-1226991

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KANE, MARY A
1725 E MAHAN DRIVE
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

MARY A. KANE

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

254 E. 6th Ave.

City

Tallahassee

FL

Zip Code

32303

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

Mary A Kane

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, 2001 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

TITLE P
NAME KANE, MARY
STREET ADDRESS 1725 E MAHAN DR #115 254 E. 6th Ave
CITY-ST-ZIP TALLAHASSEE FL 32308 32303

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Mary A Kane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0027117