

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 91422 007 \*\*\*150.00

**DOCUMENT # P97000090511**

1. Entity Name

**3RD MARY, INC.**

Principal Place of Business

Mailing Address

17051 NW 20TH ST  
 PEMBROKE PINES FL 33028

17051 NW 20TH ST  
 PEMBROKE PINES FL 33028-2028

2. Principal Place of Business

*2017 NE 21 TER.*

3. Mailing Address

*2017 NE 21 TER*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Jensen Beach FL*

City & State

*Jensen Beach FL*

4. FEI Number

**65-0794443**

Applied For

Not Applicable

Zip

*34957*

Country

*USA*

Zip

*34957*

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

**CORPORATE CREATIONS ENTERPRISES, INC.**  
**4521 PGA BOULEVARD #211**  
**PALM BEACH GARDENS FL 33418**

Name

*Kelly B Hunter*

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

*2017 NE 21 TER*

City

*Jensen Beach*

FL

Zip Code

*34957*

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

*Kelly B Hunter*

*Kelly B Hunter*

*4/27/00*

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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HUNTER, KELLY B</b>
STREET ADDRESS	<b>17051 NW 20TH ST</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33028</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HUNTER, MARY A</b>
STREET ADDRESS	<b>17051 NW 20TH ST</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33028</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>HUNTER, Kelly B</i>
STREET ADDRESS	<i>2017 NE 21 TER</i>
CITY-ST-ZIP	<i>Jensen Beach FL 34957</i>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>HUNTER MARY A</i>
STREET ADDRESS	<i>2017 NE 21 TER.</i>
CITY-ST-ZIP	<i>Jensen Beach FL 34957</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

*Kelly B Hunter*

*Kelly B Hunter*

Date

Daytime Phone #

*4/29/00*

*561-232-2022*

CR2E034 (9/99)