

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90296 040 \*\*\*150.00

0508176

**DOCUMENT # P98000005057**

1. Entity Name  
**MARY'S BAR, INC.**

Principal Place of Business  
**5335 N. MILITARY TRAIL  
 WEST PALM BEACH FL 33407**

Mailing Address  
**5335 N. MILITARY TRAIL  
 WEST PALM BEACH FL 33407**

2. Principal Place of Business  
**1111 C-3 GREEN PINE BLVD**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1111 C-3 GREEN PINE BLVD**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**WEST PALM BEACH, FL**

City & State  
**WEST PALM BEACH, FL**

4. FEI Number **65-0805113**

Applied For  
 Not Applicable

Zip  
**33409**

Country

Zip  
**33409**

Country

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**

**JOHNSON, MARY  
 5335 N. MILITARY TRAIL  
 WEST PALM BEACH FL 33407**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1111 C-3 GREEN PINE BLVD**  
 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 *Mary Johnson*  
 Signature, typed or printed name of registered agent and title if applicable.

**MARY JOHNSON**

**3-29-01**  
 DATE

(NOTE: Registered Agent signature required when reinstating)

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Delete  
**D**  
 NAME **JOHNSON, MARY**  
 STREET ADDRESS **5335 N. MILITARY TRAIL**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **1111 C-3 GREEN PINE BLVD.**  
 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 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 like empowered.

SIGNATURE: *Mary Johnson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-29-01** **561-741-3537**  
 Date Daytime Phone #

CR2E034 (10/00)