

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90181 003 ***150.00

DOCUMENT # P98000020566

1. Entity Name
MARY'S ON MAIN, INC.

Principal Place of Business

**1454 MAIN ST
 SARASOTA FL 34236**

Mailing Address

**2000 TANGLEWOOD DRIVE
 SARASOTA FL 34239**

2. Principal Place of Business

3. Mailing Address

1454 MAIN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
SARASOTA, FL

4. FEI Number **65-0822401**

Applied For

Not Applicable

Zip

Country

Zip
34236

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

**BARTLETT, CHARLES J ESQ
 ICARD, MERRILL, CULLIS, TIMM, FUREN
 2033 MAIN STREET, STE. 600
 SARASOTA FL 34237**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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
 NAME **PTS**
 STREET ADDRESS **FEHILY, MARY**
 CITY-ST-ZIP **1454 MAIN STREET**
SARASOTA FL 34236

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 Fehily** **REQUIRED** **MARY FEHILY** **1/7/02** **941-363-9333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)