

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90255 035 ***150.00

DOCUMENT # P98000037163

1. Entity Name

~~MARY W. NEYENHOUSE, P.A.~~

New Name: ~~Mary W. Neynhouse, P.A.~~

Principal Place of Business

7520 N.W. 29TH STREET
MARGATE FL 33063

Mailing Address

7520 N.W. 29TH STREET
MARGATE FL 33063

New Name: MARY NEYENHOUSE, P.A.

2. Principal Place of Business

10100 W. Sample Rd

3. Mailing Address

10100 W. Sample Rd

Suite, Apt. #, etc.

Suite 399

Suite, Apt. #, etc.

Suite 399

City & State

Coral Springs, FL

City & State

Coral Springs FL

Zip

33065

USA

Zip

33065

USA

6. Name and Address of Current Registered Agent

NEYENHOUSE, MARY W
7520 N.W. 29TH STREET
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name: John W. Neynhouse, Jr.
Street Address (P.O. Box Number is Not Acceptable): 10100 West Sample Road
Suite 399
City: Coral Springs FL Zip Code: 33065

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐

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	NEYENHOUSE, MARY W
STREET ADDRESS	7520 N.W. 29TH STREET
CITY-ST-ZIP	MARGATE FL 33063
TITLE	V
NAME	NEYENHOUSE, JOHN
STREET ADDRESS	7520 N.W. 29TH STREET
CITY-ST-ZIP	MARGATE FL 33063
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 type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/01 954 344 8098

0126718

CR2E034 (10/00)