

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2001 8:00 am**
Secretary of State

01-25-2001 90101 032 ***150.00

DOCUMENT # P98000040272

1. Entity Name

MARS OF BOYNTON BEACH, INC.

Principal Place of Business

**5 LAS SENDAS
BOYNTON BEACH FL 33426**

Mailing Address

**5 LAS SENDAS
BOYNTON BEACH FL 33426**

2. Principal Place of Business

MARS of Boynton Beach

3. Mailing Address

MARS of Boynton Beach

Suite, Apt. #, etc.

4019 Meadow View Drive

Suite, Apt. #, etc.

4019 Meadow View Drive

City & State

Boynton Beach, Florida

City & State

Boynton Beach, Florida

Zip

33436

Country

USA

Zip

33436

Country

USA

6. Name and Address of Current Registered Agent

**JONES, CHESTER
5 LAS SENDAS
BOYNTON BEACH FL 33426**

7. Name and Address of New Registered Agent

Name *Jones Chester*
Street Address (P.O. Box Number is Not Acceptable) *4019 Meadow View Drive*
City & State *Boynton Beach FL* **Zip Code** *33436*

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.
(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 State10. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

TITLE *D* ☐ Delete
NAME *JONES, CHESTER*
STREET ADDRESS *5 LAS SENDAS*
CITY-ST-ZIP *BOYNTON BEACH FL 33426***TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *Chester Jones* ☒ Change ☐ Addition
NAME *4019 Meadow View Drive*
STREET ADDRESS *Boynton Beach, Florida, 33436*
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)