

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90165 016 \*\*\*150.00

DOCUMENT # P98000047276

1. Entity Name  
M. CHEELEY, P.A.



Principal Place of Business  
315 SW 7TH STREET  
FT. LAUDERDALE FL 33315

Mailing Address  
354 BAYSINGER AVENUE  
FORT PIERCE FL 34982



2. Principal Place of Business

2153 WILTON DRIVE

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
WILTON MANORS FL

City & State

4. FEI Number 65-0839582

Applied For  
Not Applicable

Zip

Country

33305

USA

Zip

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

MACK CHEELEY INC.  
~~315 SW 7TH AVENUE~~  
FORT LAUDERDALE FL 33315

MARK CHEELEY

Name

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

2153 WILTON DRIVE

City

WILTON MANORS

FL

Zip Code

33305

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME CHEELEY, MARK  
STREET ADDRESS 354 BAYSINGER AVENUE  
CITY-ST-ZIP FORT PIERCE FL 34982

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 2153 WILTON DR  
CITY-ST-ZIP WILTON MANORS, FL 33305

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  
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CITY-ST-ZIP

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

12. 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 10 or Block 11 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

1/25/03

Date

772-466-4033

Daytime Phone #

CR2E034 (10/02)