

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90188 031 \*\*\*150.00

**DOCUMENT # P98000107027**

1. Entity Name

**MAUREEN STANTON, P.A.**

Principal Place of Business

**1446 SPRINGSIDE DR.  
WESTON FL 33326**

Mailing Address

**1446 SPRINGSIDE DR.  
WESTON FL 33326**

2. Principal Place of Business

**5200 N. OCEAN BLVD**

3. Mailing Address

**5200 N. OCEAN BLVD**

Suite, Apt. #, etc.

**# 1514**

Suite, Apt. #, etc.

**# 1514**

City & State

**LAUDERDALE-BY-THE-SEA, FL**

City & State

**LAUDERDALE-BY-THE-SEA, FL**

Zip

**33308**

Country

**USA**

Zip

**33308**

Country

**USA**

4. FEI Number

**65-0886911**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**STANTON, MAUREEN**

~~**1446 SPRINGSIDE DR.  
WESTON FL 33326**~~

7. Name and Address of New Registered Agent

Name **STANTON, MAUREEN**

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

**5200 N. OCEAN BLVD # 1514**

City **LAUDERDALE-BY-THE-SEA,**

**FL**

Zip Code **33308**

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 **MAUREEN STANTON**

*Maureen Stanton*

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 State**

10. Election Campaign Financing

Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P**  
NAME **STANTON, MAUREEN** ☒ Delete  
STREET ADDRESS **1446 SPRINGSIDE DR.**  
CITY-ST-ZIP **WESTON FL 33326**

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 **P**  
NAME **STANTON, MAUREEN** ☒ Change ☐ Addition  
STREET ADDRESS **5200 N. OCEAN BLVD # 1514**  
CITY-ST-ZIP **LAUDERDALE-BY-THE-SEA, FL 33308**

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

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

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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: **MAUREEN STANTON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Maureen Stanton* 1/23/01 954-384-3895

Date Daytime Phone #

CR2E034 (10/00)