

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90076 050 ***550.00

DOCUMENT # P99000087366

1. Entity Name
RALPH MABIE, JR., P.A.

| | |
|---|---|
| Principal Place of Business 1615 FORUM PLACE SUITE 500 WEST PALM BEACH FL 33401 | Mailing Address 1615 FORUM PLACE SUITE 500 WEST PALM BEACH FL 33401 |
|---|---|

| | |
|--|--|
| 2. Principal Place of Business <i>same as above</i> | 3. Mailing Address <i>same as above</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------|--------------|---|--|
| City & State | City & State | 4. FEI Number 65-0187401 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent MABIE, RALPH JR. 1615 FORUM PLACE SUITE 500 WEST PALM BEACH FL 33401 | | 7. Name and Address of New Registered Agent Name: N/A 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) <input type="checkbox"/> | FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|--------------------------------------|--------------------------------|---|---|---|-----------------------------------|----------------|-------------|
| TITLE Director | NAME Ralph Mabie, Jr | STREET ADDRESS 1615 Forum Place # 500 | CITY-ST-ZIP west Palm Beach, FL 33401 | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| TITLE President, Secretary | NAME Ralph Mabie, Jr | STREET ADDRESS 1615 Forum Place # 500 | CITY-ST-ZIP west Palm Beach, FL 33401 | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |

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 officers empowered.

SIGNATURE: **Ralph Mabie** 9-8-00 (561) 682-1322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)