

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 14 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0187401**

Applied For
Not Applicable

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

**MABIE, RALPH JR.
1615 FORUM PLACE
SUITE 500
WEST PALM BEACH FL 33401**

Name
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 _____ (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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **MABIE, RALPH**
STREET ADDRESS **1615 FORUM PLACE #500**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **PS** Change Addition
NAME **MABIE, RALPH**
STREET ADDRESS **1615 FORUM PLACE #500**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **PS** Delete
NAME **MABIE, RALPH**
STREET ADDRESS **1615 FORUM PLACE, #500**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph Mabie Jr.

6-10-02
Date Daytime Phone #

CR2E034 (9/01)