

2000 UNIFORM BUSINESS REPORT (UBR)

10F2

DOCUMENT # P99000089371

1. Entity Name

MARY A. SCHEUHING, P.A.

FILED

00 SEP 25 AM 11:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

617 WHITEHEAD STREET
KEY WEST FL 33040

Mailing Address

617 WHITEHEAD STREET
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SCHEUHING, MARY-A
617 WHITEHEAD STREET
KEY WEST FL 33040

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) ☒ *none due*

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS SCHEUHING, MARY A
CITY-ST-ZIP 617 WHITEHEAD STREET
KEY WEST FL 33040

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 #

Mary A. Scheuhing (MARY A Scheuhing) 9/15/00 (305) 295-9109
KE

CR2E034 (5/00)

262

MARY A. SCHEUHING
ATTORNEY AT LAW*
617 WHITEHEAD STREET
KEY WEST, FLORIDA 33040
*LICENSED IN FLORIDA & PENNSYLVANIA

FAX: (305) 295-2877

TELEPHONE: (305) 295-9909

September 21, 2000

Florida Department of State
Division of Corporations
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please be advised that I have been extremely ill and was hospitalized. I thought that this form and the \$150.00 were already paid. I have just now returned to work and apologize for the delay.

Kindly understand my circumstance and accept my late payment of \$150.00. Your kindness is appreciated. I am in very trying times at the moment and am upset this escaped the notice of the people who were handling my paperwork.

Sincerely,


MARY A. SCHEUHING

Encl.