

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90112 029 \*\*\*150.00

**DOCUMENT # P99000098055**

1. Entity Name  
**MARY F. VICKERS, INC.**

Principal Place of Business

**605 UNITED ST  
 SUITE 2  
 KEY WEST FL 33040**

Mailing Address

**16 AZALEZ DRIVE  
 KEY WEST FL 33040**

2. Principal Place of Business

3. Mailing Address

**42 Key Haven Road**

**42 Key Haven Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Key West FL**

**Key West, FL**

Zip

Country

Zip

Country

**33040**

**USA**

**33040**

**USA**

6. Name and Address of Current Registered Agent

4. FEI Number **65-0963630**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

**42 Key Haven Road**

City

FL

Zip Code

**Key West**

**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 **Mary F. Vickers**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/20/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **VICKERS, MARY F**  
 STREET ADDRESS **16 AZALEZ DRIVE**  
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **P** ☒ Change ☐ Addition  
 NAME **Mary F. Vickers**  
 STREET ADDRESS **42 Key Haven Road**  
 CITY-ST-ZIP **Key West FL 33040**

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  
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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: **Mary F. Vickers**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/01 305-304-8505**

Date

Daytime Phone #

0120331

CR2E034 (10/00)