

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S42407

1. Entity Name

MARY MINING COMPANY, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90036 020 ***150.00

Principal Place of Business

Mailing Address

707 NORTH FLORIDA AVENUE
TAMPA FL 33602-4407

707 NORTH FLORIDA AVENUE
TAMPA FL 33602-4407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0254548

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCLEAN, WILLIAM C. JR.
707 NORTH FLORIDA AVENUE
TAMPA FL

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

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, 2000 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	PT.	<input type="checkbox"/> Delete
NAME	MCLEAN, WILLIAM C JR	
STREET ADDRESS	707 FLORIDA AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	DENKER, IRENE	
STREET ADDRESS	824 WILLOW BRANCH AVE	
CITY-ST-ZIP	CLEARWATER FL 33674	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

William C. McLean Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-2-00 (813) 223-4786

CR2E034 (9/99)