2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

590442 **DOCUMENT #**

1. Entity Name

MIKA INVESTMENTS, INC.

Principal Place of Business

SIGNATURE:



FILED Feb 06, 2003 8:00 am Secretary of State 02-06-2003 90117 048 ***150.00

16301 GULF BLVD STE A REDINGTON BEACH FL 33708				PO BOX 8125 MADEIRA BEACH FL 33738-8125									
2. Principal Place of Business				3. Mailing Address								III OIEII 1801	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State				& State	<u> </u>		4. FEI Number 59-1854034) - 	pplied For ot Applicable		
Zip	Zip Country			- • • • • • • • • • • • • • • • • • • •	Cour	Country		5. C	Certificate of Status Desired		\$8.75 Add	fitional	
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
						Name							
Lane, Wil	LIAM R JR.						Street Address (P.O. Box Number is Not Acceptable)						
400 N. ASHLEY DR.				36				Steet Address (1.0. Box Hambor is Not Accoptable)					
SUITE 230	0	# s											
TAMPA FL	33602					City		; F			Zip Cod	e	
	ions of regist	ered agent						, .	ent, or both, in the State of Flo		familiar with,	and accept	
	Signature, typed	or printed name of registered agent	and title if app	plicable. (NOTE	E: Registere	ed Agent signature	e required	when rei	instating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Election Campaign Fir Trust Fund Contributio	٠,		0 May Be to Fees	
10.		OFFICERS AND	DIRECTO	DRS	11.			AD	DITIONS/CHANGES TO OFF	ICERS AN	D DIRECTOR:	S IN 11	
NAME STREET ADDRESS	PD Lynch, Mi 3-163RD A'	ve east	.**	☐ Delete		AE EET ADDRESS					☐ Change .	Addition	
		N BEACH FL 33704			CITY	Y-ST-ZIP							
	DV	MIZ A		☐ Delete	TITL						Change	☐ Addition	
	LYNCH, EF				NAM	eet address							
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TITLE	DS LYNCH, KA			☐ Delete	TITL				5 *	,	☐ Change	☐ Addition	
		REET NW #45 ON DC 20036				EET ADDRESS /-ST-ZIP							
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NAME				,.	NAM								
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS /-ST-ZIP			1				
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CITY-ST-ZIP					+	r-ST-ZIP					—		
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NAME STREET ADDRESS					NAM	EET ADDRESS						}	
CITY-ST-ZIP						r-ST-ZIP						1	
indicated of the cor	on this repor	t or supplemental report is	true and	accurate and that n execute this report	ny signa as requi	iture shall hav	ve the s ter 607,	same le , Floric	119.07(3)(i), Florida Statutes. egal effect as if made under of da Statutes; and that my name	oath: that I	am an officer.	or director 1	