2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
03-29-2001 90399 049 ***150.00

DOCUMENT # P00000056726

1. Entity Name

MIKSCH & COMPANY, CPA, P.A.

Principal Place of Business	Mailing Address
4615 GULF BLVD., SUITE 216 ST. PETE BEACH FL 33706	4615 GULF BLVD., SUITE 216 ST. PETE BEACH FL 33706

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 4615 Gulf Blvd Suite 201	Suite, Apt. #, etc.: 4615 Gulf Blvd, Suite 201
City & State: St Pete Beach, FL	City & State: St Pete Beach, FL
Zip: 33706 Country: USA	Zip: 33706 Country: USA

4. FEI Number: 59-3653607 ☐ 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
MIKSCH, DIANE 4615 GULF BLVD., SUITE 216 ST. PETE BEACH FL 33706	Name Street Address (P.O. Box Number is Not Acceptable): 4615 Gulf Blvd, Suite 201 City: St Pete Beach FL Zip Code: 33706

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: Diane Miksch DATE: 2/12/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MIKSCH, DIANE 4615 GULF BLVD., SUITE 216 ST. PETE BEACH FL 33706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4615 Gulf Blvd., Suite 201	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NEWMAN, KEITH 2244 FIRST AVENUE NORTH ST. PETERSBURG FL 33713	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3535 1st Ave N St Petersburg, FL 33713-8401	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LARSON, KAREN 4615 GULF BLVD., SUITE 216 ST. PETE BEACH FL 33706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4615 Gulf Blvd., Suite 201	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARGARITIS, DOROTHY 4615 GULF BLVD., SUITE 216 ST. PETE BEACH FL 33706	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4615 Gulf Blvd, Suite 201	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Diane Miksch 2/12/01 (727)367-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)