

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

0448964 AV

02-11-2002 90184 002 \*\*\*150.00

**DOCUMENT # P99000059345**

1. Entity Name  
**MIKE & ANNA ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**4563 44TH STREET SOUTH 4563 44TH STREET SOUTH**  
**ST. PETERSBURG FL 33711 ST. PETERSBURG FL 33711**

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 **59-3583665** 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**

~~MIZO, ARMANDO P~~  
~~25400 U.S. 19 NORTH, STE. 210~~  
~~CLEARWATER FL 33763~~

Name **Michele Fischetti**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4563 44th St. So.**  
 City **St Petersburg FL** Zip Code **33711**

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]* **michele fischetti** DATE **1/23/02**  
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, 2002 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  Delete  
 NAME **DPT FISCHETTI, MICHELE**  
 STREET ADDRESS **4563 44TH STREET SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DVS FISCHETTI, ANNA**  
 STREET ADDRESS **4563 44TH STREET SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33711**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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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 an other like empowered.

SIGNATURE: *[Signature]* **michele fischetti** DATE **1/23/02** DAYTIME PHONE # **8642800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)