2000 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 17, 2000 8:00 am
Secretary of State
04-24-2000 90033 002 ***158.75

DOCUMENT # P99000093608

1. Entity Name

MICRO ENTERPRISE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
309 N.E. 1ST ST. GAINESVILLE FL 32601	309 N.E. 1ST ST. GAINESVILLE FL 32601-5310

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
423 NW 10th AVE	423 NW 10th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville, FL	City & State: Gainesville, FL
Zip: 32601 Country: Alachua	Zip: 32601 Country: Alachua

4. FEI Number 59-3606762 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRAWFORD, OLIVIA L
3641 W. HWY. 316
REDDICK FL 32686

7. Name and Address of New Registered Agent

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AW CRAWFORD, OLIVIA L 3641 W. HWY. 316 REDDICK FL 32686	☐ Delete	CRAWFORD, OLIVIA L
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	

Please note correction of director's last name to CRAWFORD

ND DIRECTORS IN 11

	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition

CR2E034 (9/99)

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: Olivia L Crawford Olivia L. Crawford 4/19/00 352-378-6568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #