

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90235 030 ***150.00

DOCUMENT # 574007

1. Entity Name
ALICE J. MICKLER, INCORPORATED

Principal Place of Business 108 ALAMADA CT APT#333 TAMPA FL 33609 US	Mailing Address PO BOX 66 POLK CITY FL 33868 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3435 Valley Ranch Drive		3. Mailing Address Suite, Apt. #, etc.	
City & State Lutz, FL 33549		City & State Suite, Apt. #, etc.	
Zip 33549	Country USA	Zip Suite, Apt. #, etc.	Country Suite, Apt. #, etc.

4. FEI Number **59-1822737** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent MICKLER III, MALCOLM P 1007 W. KENNEDY BLVD. TAMPA FL 33606		7. Name and Address of New Registered Agent Name Mickler III, Malcolm P. Street Address (P.O. Box Number is Not Acceptable) Apt. 308 - Bayshore Blvd. 4319 W. NORTH B STREET, APT. 7 City Tampa FL Zip Code 33609	
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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 *Malcolm P. Mickler III* **Malcolm P. Mickler, III** **4-27-01**
(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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE KAREN MICKLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MICKLER, BRIAN ELLIS		NAME 136 Yellow Branch Circle	
STREET ADDRESS 240 MARY LOUISE		STREET ADDRESS Robbinsville, N.C. 28771	
CITY-ST-ZIP SAN ANTONIO TX		CITY-ST-ZIP Robbinsville, N.C. 28771	
TITLE PD	<input checked="" type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FENDIG, LINDA M		NAME Fendig, Linda M.	
STREET ADDRESS 108 ALAMADA CT APT 333		STREET ADDRESS 3435 Valley Ranch Drive	
CITY-ST-ZIP TAMPA FL 33609		CITY-ST-ZIP Lutz, FL 33549	
TITLE STD	<input checked="" type="checkbox"/> Delete	TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MICKLER III, MALCOLM P		NAME Mickler III, Malcolm P.	
STREET ADDRESS 1007 W. KENNEDY BL 4319 W NORTH B ST, APT. 7		STREET ADDRESS Apt. 308 - Bayshore Blvd. 4319 W. NORTH B ST, APT. 7	
CITY-ST-ZIP TAMPA FL 33609		CITY-ST-ZIP Tampa, FL 33609	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Linda M. Fendig* **Linda M. Fendig** **04/26/01** **813-968-5488**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)