

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F45325

1. Entity Name

MICHI'S ARTS & CRAFTS, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90103 007 ***150.00

Principal Place of Business 4440 FOWLER STREET FORT MYERS FL 33901 US	Mailing Address 4440 FOWLER STREET FT. MYERS FL 33901 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 15091 S. TAMiami TRAIL Suite, Apt. #, etc. UNIT 101 City & State FORT MYERS FL Zip 33908 Country USA	3. Mailing Address 15091 S. TAMiami TRAIL Suite, Apt. #, etc. UNIT 101 City & State FORT MYERS FL Zip 33908 Country USA
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4. FEI Number 59-2126203	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEGER, JR., LEE H. 4440 FOWLER STREET FT. MYERS FL 33901	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15091 S. TAMiami TRAIL UNIT 101 City FORT MYERS FL Zip Code 33908
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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PST LEGER, MICHIO F. 4440 FOWLER STREET FT. MYERS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	15091 S. TAMiami TRAIL UNIT 101 FORT MYERS FL 33908 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Michiko F. Leger, President 01/10/01 (941) 939-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
MICHIO F. LEGER

CR2E034 (10/00)