

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F45325**

1. Entity Name  
**MICHI'S ARTS & CRAFTS, INC.**

Principal Place of Business  
**15091 S TAMiami TRAIL  
UNIT 101  
FORT MYERS FL 33908  
US**

Mailing Address  
**15091 S TAMiami TRAIL  
UNIT 101  
FORT MYERS FL 33908  
US**

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 **59-2126203** Applied For  
Not Applicable

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

#### 6. Name and Address of Current Registered Agent

**LEGER, JR., LEE H.  
15091 S TAMiami TRAIL  
UNIT 101  
FORT MYERS FL 33908**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PST LEGER, MICHIKO F. 15091 S TAMiami TRAIL UNIT 101 FORT MYERS FL 33908</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD LEGER, LEE H., JR. 15091 S TAMiami TRAIL UNIT 101 FORT MYERS FL 33908</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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** **1/25/02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #  
**(941) 939-7000**

**FILED  
Feb 08, 2002 8:00 am  
Secretary of State**

02-08-2002 90016 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)