

2002 UNIFORM BUSINESS REPORT (UBR)

01-30-2002 90154 022 ***150.00
F93000005121

DOCUMENT # F93000005121

1. Entity Name
MICKELDEL, INC.

Principal Place of Business
7501 SURRATTS RD., #303
CLINTON MD 20735

Mailing Address
7501 SURRATTS RD., #303
CLINTON MD 20735

02 FEB -5 AM 9:10



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

7801 Old Branch Ave.
#407

City & State

Clinton, Maryland

Zip

Country

Zip

Country

20735 USA

4. FEI Number
52-1826836

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Ms. Cheryl Robinson

Street Address (P.O. Box Number is Not Acceptable)

1301 Riverplace Blvd

Suite 1218 - Riverplace Tower

City Jacksonville

FL

Zip Code 32207

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 Cheryl A. Robinson
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/14/02
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 PD
NAME GROVER, GARY
STREET ADDRESS 10951 MARTINGALE COURT
CITY-ST-ZIP POTOMAC MD 20854 ☐ Delete

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

TITLE STD
NAME GROVER, RITA
STREET ADDRESS 10951 MARTINGALE COURT
CITY-ST-ZIP POTOMAC MD 20854 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 a signature, like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/2002 Daytime Phone #

CR2E034 (9/01)