

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G17386

1. Entity Name

UNCLE MIKE'S, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90002 008 ***150.00

Principal Place of Business 235 SOUTH BLUE LAKE AVENUE P.O. BOX 1684 DELAND FL 32721-8684	Mailing Address 235 SOUTH BLUE LAKE AVENUE P.O. BOX 1684 DELAND FL 32721-1684 US
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DO NOT WRITE IN THIS SPACE

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 59-2230952	Applied For <input type="checkbox"/> Not Applicable
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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

AMATO, MICHAEL
 235 SOUTH BLUE LAKE AVE
 DELAND FL 32724

Name FRANCES AMATO
Street Address (P.O. Box Number is Not Acceptable) P O BOX 1684
City DELAND, FL Zip Code 32721

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: *frances amato* REGISTERED AGENT DATE: 031600
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMATO, MICHAEL 235 SOUTH BLUE LAKE AVE DELAND FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANCES AMATO P O BOX 1684 DELAND, FL 32721 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: *frances amato* DATE: 3-28-00 DAYTIME PHONE #:
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (9/99)