

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J22307

1. Entity Name

MICA SPECIALTIES, INC.

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

03-03-2000 90203 046 ***150.00

Principal Place of Business

Mailing Address

18857 SAKERA ROAD
 HUDSON FL 34667

18857 SAKERA ROAD
 HUDSON FL 34667-4385

2. Principal Place of Business

9149 EDEN AVE

3. Mailing Address

SAME AS #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HUDSON FL

City & State

4. FEI Number

59-2690424

Applied For

Not Applicable

Zip

Country

34667

USA

Zip

Country

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

MULLIGAN, JANICE D.
 11432 OLIVE BRANCH CT.
 NEW PORT RICHEY FL 34654

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 reinstalling)

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, 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

TITLE VST ☐ Delete
 NAME MULLIGAN, JANICE D.
 STREET ADDRESS 11432 OLIVE BRANCH CT.
 CITY-ST-ZIP NEW PORT RICHEY FL 34654

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

TITLE P ☐ Delete
 NAME MULLIGAN, JANICE D.
 STREET ADDRESS 11432 OLIVE BRANCH CT.
 CITY-ST-ZIP NEW PORT RICHEY FL 34654

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

TITLE ☐ Delete
 NAME
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 STREET ADDRESS
 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: Janice D. Mulligan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANICE D. MULLIGAN

FEB 22, 2000

Date

727 862 3744

Daytime Phone #

CR2E034 (9/99)