

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J30839

1. Entity Name

PHILIP MICHAEL AND ASSOCIATES, INC.

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**

04-07-2001 90019 034 \*\*\*150.00

Principal Place of Business

639 E. OCEAN AVE  
STE #404  
BOYNTON BCH FL 33435  
US

Mailing Address

639 E. OCEAN AVE.  
STE #404  
BOYNTON BCH FL 33435  
US

B0026217



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1616 SO. FEDERAL HWY  
Suite, Apt. #, etc.

3. Mailing Address

1616 SO. FEDERAL HWY  
Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL 33435

City & State

BOYNTON BCH, FL

4. FEI Number

59-2712618

Applied For

Not Applicable

Zip

Country

33435

USA

Zip

Country

33435

USA

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

WOOLLEY, THOMAS J JR ES  
639 E OCEAN AVE  
SUITE 408  
BOYNTON BEACH FL 33435

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, 2001 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  
PST  
BARLAGE, PHILIP L.  
35 ANNA STREET  
OCEAN RIDGE FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BARLAGE, PHILIP L.  
35 ANNA STREET  
OCEAN RIDGE FL ☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP L. BARLAGE PRES. 4/3/01 561-732-4197

Date

Daytime Phone #

CR2E034 (10/00)