

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J34516

1. Entity Name
MICHAEL E. SHATTO & ASSOCIATES, INC.

Principal Place of Business
1573 ~~ERROL~~ PKWY
APOPKA FL 32712

Mailing Address
1573 ERROL PKWY
APOPKA FL 32712

2. Principal Place of Business
1573 ERROL PKWY
Suite, Apt. #, etc.
APOPKA FL

3. Mailing Address
Suite, Apt. #, etc.

City & State
32712 ORANGE

City & State

4. FEI Number 59-2716225

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHATTO, MICHAEL E.
1573 ERROL PKWY
APOPKA FL 32712

7. Name and Address of New Registered Agent

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

TITLE DP
NAME SHATTO, MICHAEL E.
STREET ADDRESS 1573 ERROL PKWY
CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

TITLE NAME
NAME STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
NAME STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
NAME STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
NAME STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
NAME STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE NAME
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 all other like empowered.

SIGNATURE:

Michael E. Shatto MICHAEL E. SHATTO

01/03/02 407-886-0297

FILED
Jan 07, 2002 8:00 am
Secretary of State

01-07-2002 90002 037 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)