

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J61994

1. Entity Name

J.A. MICHAEL, INC.

FILED

Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90008 018 ***150.00

Principal Place of Business

1116 EAST SR 434
WINTER SPRINGS FL 32708

Mailing Address

1116 EAST SR 434
WINTER SPRINGS FL 32708

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 59-2806113

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

MICHAEL, JOHN A
1700 OLDE RIVER TRAIL
CHULUOTA FL 32766

Name

JAY A Michael

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

1700 Olde River Trail

City

Chuluota

FL

Zip Code

32766

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

4/10/01

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 VDT ☒ Delete
NAME MICHAEL, JOHN A.
STREET ADDRESS 1627 AUGUSTA WAY
CITY-ST-ZIP CASSELBERRY FL

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

TITLE SD ☐ Delete
NAME MICHAEL, DELLA B.
STREET ADDRESS 1627 AUGUSTA WAY
CITY-ST-ZIP CASSELBERRY FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 150 Islander CT Apt 189
CITY-ST-ZIP Longwood FL 32750-4960

TITLE PDT ☐ Delete
NAME MICHAEL, JAY A
STREET ADDRESS 1700 OLDE RIVER TRAIL
CITY-ST-ZIP CHULUOTA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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:

JAY A MICHAEL PRES.

4/10/01

407-327-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)