

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90093 043 ***150.00

DOCUMENT # K19941

1. Entity Name
MARTIN J. MICKLER, P.A.



Principal Place of Business
**5515-2 PHILLIPS HWY
JACKSONVILLE FL 32207
US**

Mailing Address
**5515-2 PHILLIPS HWY
JACKSONVILLE FL 32207
US**



2. Principal Place of Business

1301 Riverplace Blvd.
Suite, Apt. #, etc.

2220

City & State
Jacksonville, Florida

Zip Country
32207 USA

3. Mailing Address

1301 Riverplace Blvd.
Suite, Apt. #, etc.

2220

City & State
Jacksonville, Florida

Zip Country
32207 USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2881310**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MICKLER, MARTIN J.
5515-2 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name

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

1301 Riverplace Blvd. #2220

City **Jacksonville** **FL** Zip Code **32207**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MICKLER, MARTIN J.**
STREET ADDRESS **5515-2 PHILLIPS HWY- 1301 Riverplace**
CITY-ST-ZIP **JACKSONVILLE FL 32207 #2220**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03 904-858-4371

Date

Daytime Phone #

CR2E034 (10/02)