

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90063 034 ***150.00

DOCUMENT # **K 36523**
1. Entity Name
Michael Corbett Co., Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
227 Bald Eagle Ct.
Suite, Apt. #, etc.

3. Mailing Address
227 Bald Eagle Ct.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Royal Palm Beach, FL

City & State
Royal Palm Beach, FL

4. FEI Number
65-0077255

Applied For
Not Applicable

Zip
33411

Country
USA

Zip
33411

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Michael Corbett

Street Address (P.O. Box Number is Not Acceptable)
227 Bald Eagle Ct.

Royal Palm Beach FL Zip Code
33411

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  **Michael Corbett, Pres.** ~~2-15-2002~~
Signature, typed or printed name of registered agent and title if applicable. (NO IL: 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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	President Michael Corbett 227 Bald Eagle Ct. Royal Palm Beach, FL 33411	TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **Michael Corbett, Pres.** ~~2-15-02~~ **2-15-02** **561-784-5339**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)