

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90275 020 ***150.00

032033 AV

DOCUMENT # K94360

1. Entity Name
MIKE GUN STUDIO, INC.



Principal Place of Business
863 NE 30TH ST
OAKLAND PARK FL 33334
US
6092 NW 29 CT
MARGATE, FL
33063

Mailing Address
PO BOX 24973
OAKLAND PARK FL 33307

2. Principal Place of Business
6092 NW 29 COURT
Suite, Apt. #, etc.

3. Mailing Address
5928 FAIRWAY DRIVE
Suite, Apt. #, etc.

City & State
MARGATE, FL 33063

City & State
HOPE MILLS N. CAROLINA

4. FEI Number
65-0140276

Applied For
Not Applicable

Zip Country
33063 US

Zip Country
28348 US

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

GUNDLACH, MICHAEL MAX
863 NE 30TH ST.
OAKLAND PARK FL 33334
6092 NW 29 COURT
MARGATE, FL
33063 USA

7. Name and Address of New Registered Agent

Name
GUNDLACH, MICHAEL MAX
Street Address (P.O. Box Number is Not Acceptable)
6092 NW 29 COURT
City
MARGATE **FL** Zip Code
33063

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: *Michael M. Gundlach* **MICHAEL M. GUNDLACH PRES.**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-20-03
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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------------|----------------|---|---------------------------------|
| P | GUNDLACH, MICHAEL MAX | 863 NE 30TH ST | 6092 NW 29 COURT OAKLAND PARK FL 33334 MARGATE, FL 33063 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: *Michael M. Gundlach* **MICHAEL M. GUNDLACH**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-03 **910-423-4390**
Date Daytime Phone #

CR2E034 (10/02)