

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000047

1. Entity Name
MICHAMEG, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 24 AM 11:02



DO NOT WRITE IN THIS SPACE

Principal Place of Business
735 SOUTH AIRPARK ROAD
EDGEWATER FL 32132

Mailing Address
735 SOUTH AIRPARK ROAD
EDGEWATER FL 32132

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Mark R. Hall
Suite, Apt. #, etc.
124 Faulkner Street

City & State
New Smyrna Beach, FL 32168

4. FEI Number
057-26-8030

Applied For
 Not Applicable

Zip **Country** **Zip** **Country**

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

HALL, MARK R
124 FAULKNER STREET
NEW SMYRNA BEACH FL 32168

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** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		Manager	
STREET ADDRESS		Harry Van Iderstine MGR	
CITY-ST-ZIP		812 Timberlane Drive	
		New Smyrna Beach, FL 32168	
		800003384498--8	
		-09/06/00--01114--005	
		*****50.00 *****50.00	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)