2001 UNIFORM BUSINESS REPORT (UBR)

FILED
01 JUN -6 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L54062

1. Entity Name: MICHAEL SHULMAN, PA.

Principal Place of Business | Mailing Address

2. Principal Place of Business: 1023 BASS RD
Suite, Apt. #, etc.
City & State: KISSIMMEE FL
Zip: 34743 Country: US

3. Mailing Address
Suite, Apt. #, etc.: BOX 1054
City & State: PLYMOUTH FL
Zip: 32768 Country: US

4. FEI Number: 59-2993728 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent:
BOSOY, KAREN 3800 HIDEAWAY RD
BOX 1054
PLYMOUTH FL 32768

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW IN FEES $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

Title	Name	Street Address	City-St-Zip	Delete
D	SHULMAN, MICHAEL M	BOX 1054	PLYMOUTH FL 32768	☐
				☐
				☐
				☐
				☐
				☐

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Title	Name	Street Address	City-St-Zip	Change	Addition
	300004475653--0 -07/16/01--01005--012 ****150.00 ****150.00			☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

CR2E031(11/00)

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: _____ 4/27/01 407 880 2919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #