

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90272 027 ***150.00

DOCUMENT # L54500

1. Entity Name
MICCO RIDGE, INC.



Principal Place of Business
**5675 MICCO RD
MICCO FL 32976**

Mailing Address
**5675 MICCO RD
MICCO FL 32976**

11018423



2. Principal Place of Business

3. Mailing Address
8530 U.S. Highway 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 8

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
Micco, FL

4. FEI Number **59-2999851**

Applied For
Not Applicable

Zip

Country

Zip
32976

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HEARNON, JAMES M., JR.
5675 MICCO RD 1815 Cypress Lake Drive
MICCO FL 32976 Grant, FL**

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

SIGNATURE _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **HEARNON, JAMES M., JR.**
STREET ADDRESS **1815 CYPRESS LAKE DR**
CITY-ST-ZIP **GRANT FL**

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

TITLE **S** ☐ Delete
NAME **PRIEP, AMY M**
STREET ADDRESS **13320 N. INDIAN RIVER DRIVE**
CITY-ST-ZIP **SEBASTIAN FL**

TITLE **S** ☒ Change ☐ Addition
NAME **Priep, Amy M.**
STREET ADDRESS **3901 Canal Drive**
CITY-ST-ZIP **Micco, FL 32976**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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NAME
STREET ADDRESS
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

Amy M. Priep

4/24/03

Date

(772) 664-8893

Daytime Phone #

CR2E034 (10/02)