

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90067 031 ***150.00

DOCUMENT # P00000009795

1. Entity Name
MICOU, INC.



Principal Place of Business
3325 PEACH DR
JACKSONVILLE FL 32246

Mailing Address
3325 PEACH DR
JACKSONVILLE FL 32246



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1439 DANCY ST
Suite, Apt. #, etc.
J

3. Mailing Address
P.O. Box 27003
Suite, Apt. #, etc.

City & State
JAX FL

City & State
JAX FL

4. FEI Number 59-3619941

Applied For
Not Applicable

Zip 32205

Country USA

Zip 32205

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

MITCHELL, KATHLEEN
3325 PEACH DR
JACKSONVILLE FL 32246

Name MITCHELL, KATHLEEN
Street Address (P.O. Box Number is Not Acceptable) 1439 DANCY STREET
City Jacksonville **FL** **Zip Code** 32205

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 [Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 10 MAR 03

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	MITCHELL, KATHLEEN	
STREET ADDRESS	212 METZ STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	COULTER, ROBERT M	
STREET ADDRESS	4379 COULTER HILL LANE	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, PHILYAW	
STREET ADDRESS	3325 PEACH DR	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Pres, TREAS, Sec	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1439 DANCY STREET	
CITY-ST-ZIP	Jacksonville, FL 32205	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10 MAR 03 **Daytime Phone #** 904-389-7035

CR2E034 (10/02)