


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90145 011 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000013645
 1. Entity Name
Michael A. Skelton, P.A. ✓ 

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11007 N. 56th Street
 Suite, Apt. #, etc.
Suite 204

3. Mailing Address
P.O. Box 16398
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Temple Terrace, FL

City & State
Tampa, FL

4. FEI Number
59-3622367 Applied For
 Not Applicable

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

Zip
33617 Country
U.S.A. Zip
33687 Country
U.S.A.

**DO NOT WRITE
 IN THIS SPACE**


7. Name and Address of Current Registered Agent

Name
Michael A. Skelton

Street Address (P.O. Box Number is Not Acceptable)
8714 Christie Court

City
Tampa FL Zip Code
33637

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.

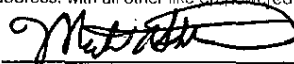
SIGNATURE  Michael A. Skelton, President April 28, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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	<u>PP Skelton, Michael A. 11007 N. 56th Street, Suite 204 Temple Terrace, FL. 33617</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  Michael A. Skelton, President April 28, 2003 899-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)