

8/2

FILED

Sep 17, 2001 8:00 am  
Secretary of State

08-29-2001 90011 022 \*\*\*158.75

## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000440291. Entity Name Mike's Transportation

Principal Place of Business

Mailing Address

8224 Troxler Dr  
Orlando FL  
32825Same

2. Principal Place of Business

3. Mailing Address

SameSame

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

59-3643986

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Mike Johansen  
8224 Troxler Dr  
Orlando FL  
32825

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

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

(NOTE: Registered Agent signature required when reinstating)

9/11/01

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)☒**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<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"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>DWAER</u>
STREET ADDRESS	<u>Mike Johansen</u>
CITY-ST-ZIP	<u>8224 Troxler Dr Orlando FL 32825</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Mike Johansen Mike Johansen

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)



Attachment  
D# 8000004029

Aug 19, 2001 78350

To Whom It May Concern,

This letter is in regard  
to the application form  
needed for my corporation.

I have never received  
the form to renew it and  
was not aware that it had  
to be renewed yearly. It  
was brought to my attention  
by a friend. I had placed  
a phone call to you and  
requested a form for my  
corporation.

This letter is to confirm  
that I never received the  
first application. I am  
submitting my application  
now with the standard  
one hundred and fifty dollars  
like I am required to.

Thank You

Mike Johansen

Mike Johansen