

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074455

1. Entity Name  
M.L. PEDERSEN, INC.

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90067 024 \*\*\*150.00

Principal Place of Business  
1255 MASON AVENUE  
DAYTONA BEACH FL 32117

Mailing Address  
1255 MASON AVENUE  
DAYTONA BEACH FL 32117



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

~~15890 NOVA RD~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~PMB 125~~

City & State

~~HOLLY HILL FL~~

4. FEI Number

59-3663947

Applied For

Not Applicable

Zip

Country

Zip

Country

~~32~~

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Name

RICHARD K. CHURCHMAN, CPA

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

1255 MASON AVENUE

City

DAYTONA BEACH

FL

Zip Code

32117

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

*Richard K. Churchman*

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

(NOTE: Registered Agent signature required when reinstating)

1-31-01

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
PEDERSEN, MICKY L  
1255 MASON AVENUE  
DAYTONA BEACH FL 32117 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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: *Micky Pedersen* MICKY PEDERSEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01

Date

386-238-7800

Daytime Phone #

CR2E034 (10/00)