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2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 11, 2002 8:00 am Secretary of State DOCUMENT # P00000116632 1. Entity Name 01-11-2002 90015 048 ***150.00 MICHNO ENTERPRISES, INC. Principal Place of Business Mailing Address 23285 BAYSHORE RD 23285 BAYSHORE RD CHARLOTTE HARBOR FL 33980 CHARLOTTE HARBOR FL 33980 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-0811306 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MICHNO, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 23285 BAYSHORE RD CHARLOTTE HARBOR FL 33980 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE Change MICHNO, RICHARD A NAME NAME 23285 BAYSHORE RD STREET ADDRESS CR2E034 STREET ADDRESS CITY-ST-ZIP **CHARLOTTE HARBOR FL 33980** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MICHNO, ROSEMARY S NAME NAME STREET ADDRESS 23285 BAYSHORE RD STREET ADDRESS CITY-ST-ZIP **CHARLOTTE HARBOR FL 33980** CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS 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 REQUESTRANT A. Michoo 1-7-02 (941)743-4441