

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90142 018 ***158.75

0607360 AT

DOCUMENT # P00486

1. Entity Name

MICHEL'S CORPORATION

Principal Place of Business

**817 W. MAIN ST.
P. O. BOX 128
BROWNSVILLE WI 53006**

Mailing Address

**817 W. MAIN ST.
P. O. BOX 128
BROWNSVILLE WI 53006**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

39-0970311

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**PARKER, JOHNSON, OWEN, MCGUIRE
SCOTT MURPHY
108 E. HILLCREST, PO BOX 2867
ORLANDO FL 32802**

7. Name and Address of New Registered Agent

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

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
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **MICHEL'S, PATRICK D**
CITY-ST-ZIP **817 W. MAIN ST.
BROWNSVILLE WI**

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **MICHEL'S, PATRICK D.**
CITY-ST-ZIP **817 WEST MAIN ST.
BROWNSVILLE WI**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **MICHEL'S, PATRICK D.**
CITY-ST-ZIP **817 W. MAIN ST.
BROWNSVILLE WI**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **JOHNSON, BRIAN P.**
CITY-ST-ZIP **N7430 NIAGARA LANE
FOND DU LAC WI 54935-8858**

TITLE ☐ Delete
NAME **C**
STREET ADDRESS **MICHEL'S, RUTH L**
CITY-ST-ZIP **817 W MAIN ST
BROWNSVILLE WI**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian P. Johnson, Secretary

3/25/02

Date

920/583-3132 X2265

Daytime Phone #

CR2E034 (9/01)