

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91062 009 ***150.00

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**

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	PD	<input type="checkbox"/> Delete
NAME	MICHEL'S, PATRICK D	
STREET ADDRESS	817 W. MAIN ST.	
CITY-ST-ZIP	BROWNSVILLE WI	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MICHEL'S, PATRICK D.	
STREET ADDRESS	817 WEST MAIN ST.	
CITY-ST-ZIP	BROWNSVILLE WI	
TITLE	T	<input type="checkbox"/> Delete
NAME	MICHEL'S, PATRICK D.	
STREET ADDRESS	817 W. MAIN ST.	
CITY-ST-ZIP	BROWNSVILLE WI	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, BRIAN P.	
STREET ADDRESS	N7430 NIAGARA LANE	
CITY-ST-ZIP	FOND DU LAC WI 54935-8858	
TITLE	C	<input type="checkbox"/> Delete
NAME	MICHEL'S, RUTH L	
STREET ADDRESS	817 W MAIN ST	
CITY-ST-ZIP	BROWNSVILLE WI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS	
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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	

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Brian P. Johnson

4/21/03

920/583-3132, X2265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)