


Please note ADDRESS CHANG

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000021690		10089745	
1. Entity Name MICHAEL L. TILLET, P.A.			
Principal Place of Business 4294 OKEECHOBEE BLVD <i>1701 Presidential Way, A101</i> WEST PALM BEACH, FL 33409 <i>WPB, FL 33401</i>		Mailing Address 4294 OKEECHOBEE BLVD <i>1701 Presidential Way, A101</i> WEST PALM BEACH, FL 33409 <i>WPB, FL 33401</i>	
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 65-0855526		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TILLET, MICHAEL 4294 OKEECHOBEE BLVD WEST PALM BEACH, FL 33409		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<i>1701 Presidential Way</i> <i>unit A101</i> <i>WPB, FL 33401</i>			
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 <i>M. W. 08</i>		DATE <i>4/24/03</i>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing)		DATE	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$500.00 Money Check Payable to Florida Department of State.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS TILLET, MICHAEL 4294 OKEECHOBEE BLVD WEST PALM BEACH, FL 33409	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1701 Presidential Way, A101</i> <i>WPB, FL 33401</i>
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>M. W. 08, President</i>		DATE <i>4/24/03</i> (21) 803-2465	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

CFR2034 (10/02)