

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90068 032 ***150.00

0011406 | AV

DOCUMENT # P01000028519

1. Entity Name
MICHAEL'S EQUIPMENT, INC.



Principal Place of Business
**2878 BEARDALL AVE
SANFORD FL 32773**

Mailing Address
**2878 BEARDALL AVE
SANFORD FL 32773**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3706838**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DROPP, MICHAEL W
2878 BEARDELL AVE.
SANFORD FL 32773**

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DROPP, MICHAEL W 2878 BEARDULL AVE. SANFORD FL 32703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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:

Michael W. Dropp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael W. Dropp *July 26, 03*
Date Daytime Phone

CR2E034 (4/03)

Attachment
John L. Bradshaw, P.A.
CERTIFIED PUBLIC ACCOUNTANT

80134818

Member: A.I.C.P.A.
F.I.C.P.A.

July 28, 2003

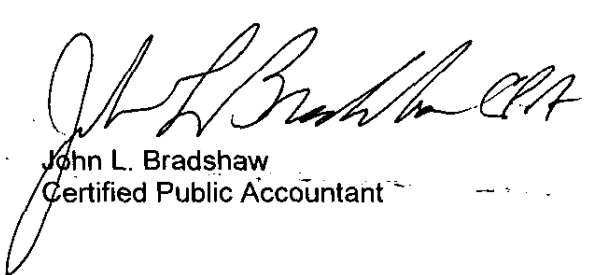
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, Florida 32302-1500

RE: Document # P01000028519 Michael's Equipment, Inc

Dear Sirs:

My client received your notice of late filing and was distressed to see that you had not received his payment for the annual report. Mr. Dropp completed his tax return filing and his annual report in my office the week of March 31, 2003. He sent his update along with his check #600 for \$150.00 at that time. Enclosed find a copy of his bank statement indicating that this check was not paid or processed. Please abate the late filing penalty as he relied on the U.S. Postal Service to deliver his payment timely. Enclosed find his replacement check and documents for 2003.

Cordially,


John L. Bradshaw
Certified Public Accountant

CC: Michael Dropp

Enclosures