

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90210 008 ***150.00

DOCUMENT # P01000054601

1. Entity Name
MIKE OTT, INC.



Principal Place of Business
**29081 US HWY 19 NORTH, #340
CLEARWATER FL 33761**

Mailing Address
**29081 US HWY 19 NORTH, #340
CLEARWATER FL 33761**



2. Principal Place of Business
5140 GALLEON CT
Suite, Apt. #, etc.

3. Mailing Address
5140 GALLEON CT
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
NEW PORT RICHEY, FL
Zip
34652
Country
USA

City & State
NEW PORT RICHEY, FL
Zip
34652
Country
USA

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

OTT, MICHAEL
29081 US HWY 19 NORTH, #340
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name
OTT, MICHAEL
Street Address (P.O. Box Number is Not Acceptable)
5140 GALLEON CT
City
NEW PORT RICHEY FL Zip Code
34652

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 *Michael J Ott*
Signature, typed or printed name of registered agent and title if applicable.

3/19/03

(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 **D** ☐ Delete
NAME **OTT, MICHAEL**
STREET ADDRESS **29081 US HWY 19 NORTH, #340**
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **OTT, MICHAEL**
STREET ADDRESS **5140 GALLEON COURT**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

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

TITLE ☐ Change ☐ Addition
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NAME
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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: *Michael J Ott* **REQ 3/19/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-512-2722
Date Daytime Phone #

CR2E034 (10/02)