

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 91419 026 ***150.00

0492225 AN

DOCUMENT # P01000059262

1. Entity Name

MIGI SERVICE, CORP.

Principal Place of Business

Mailing Address

**PO BOX 985
 LEHIGH ACRES FL 33970**

**PO BOX 985
 LEHIGH ACRES FL 33970**

2. Principal Place of Business

3. Mailing Address

2516 7TH ST. W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEHIGH ACRES, FL.

City & State

4. FEI Number

65-1112167

Applied For

Not Applicable

Zip

33971

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETERS, MICHAEL
 304 PATRICK HENRY DR.
 NORTH FORT MYERS FL 33917**

Name **MICHAEL PETERS**

Street Address (P.O. Box Number is Not Acceptable)
2516 7TH ST. W.

City **LEHIGH ACRES**

FL

Zip Code **33971**

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 *Michael S. Peters* **Michael S. Peters** **3/18/2002**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD PETERS, MICHAEL**
 STREET ADDRESS **PO BOX 985**
 CITY-ST-ZIP **LEHIGH ACRES FL 33970**

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

TITLE ☐ Delete
 NAME **SD PETERS, GINA K**
 STREET ADDRESS **PO BOX 985**
 CITY-ST-ZIP **LEHIGH ACRES FL 33970**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)