

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90375 025 ***550.00

B0127726



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000059419
1. Entity Name
 WILLIAM C. MICKLON, INC.

Principal Place of Business 2833 W LAUREEN ST
 LECANTO FL 34461
Mailing Address 2833 W LAUREEN ST
 LECANTO FL 34461

2. Principal Place of Business 2833 W LAUREEN ST
3. Mailing Address 2833 W LAUREEN ST
 Suite, Apt. #, etc.

City & State LECANTO
City & State LECANTO
Zip 34461 **Country** CITRUS

4. FEI Number 59-3723880
Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 MICKLON
 MICKLON, WILLIAM C
 2833 W LAUREEN ST
 LECANTO FL 34461

7. Name and Address of New Registered Agent
 Name WILLIAM C. MICKLON INC
 Street Address (P.O. Box Number is Not Acceptable) 2833 W LAUREEN ST
 City LECANTO FL Zip Code 34461

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 William Micklon, PRESIDENT
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State
10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MICKLON, WILLIAM C	
STREET ADDRESS	2833 W LAUREEN ST	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: William Micklon
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 7/3/02 Daytime Phone # 352 697 0794

CR2E034 (4/02)