

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

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

09-09-2002 90009 001 ***550.00

DOCUMENT #

P01000094868

1. Entity Name

Mickey's The Other Place, Inc.

DO NOT WRITE IN THIS SPACE

871300

2. Principal Place of Business
302 Hydrangea Av.

3. Mailing Address
302 Hydrangea Av.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Polk City, FL

City & State
Polk City, FL

4. FEI Number
59-3753781

Applied For

Not Applicable

Zip
33868

Country

Zip
33868

Country
Polk

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Michael Anthony Bucci

Street Address (P.O. Box Number is Not Acceptable)
5864 Stagecoach Road

City
Polk City

FL

Zip Code
33868

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

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
Michael Anthony Bucci
5864 Stagecoach Rd.
Polk City, FL 33868

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

Michael Anthony Bucci

SIGNATURE:

Michael Anthony Bucci 9/4/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(863) 984-8546

CR2E034B (12/01)