

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90142 035 ***150.00

DOCUMENT # P01000116857

1. Entity Name
MICHAEL D. SEESE, P.A.



Principal Place of Business
2500 1ST UNION FINANCIAL CENTER
MIAMI FL 33131-2336

Mailing Address
2500 1ST UNION FINANCIAL CENTER
MIAMI FL 33131-2336

40021265



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 2500

Suite, Apt. #, etc.

SUITE 2500

City & State

City & State

4. FEI Number
65-1158485

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

SEESE, MICHAEL D
200 S BISCAYNE BLVD. STE 2500
MIAMI FL 33131-2336

7. Name and Address of New Registered Agent

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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SEESE, MICHAEL D
2500 1ST UNION FINANCIAL CENTER
MIAMI FL 33131-2336

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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 an other like empowered.

SIGNATURE:

MICHAEL D. SEESE PRESIDENT
MICHAEL D. SEESE

1-27-03

Date

Daytime Phone #

CR2E034 (10/02)