## 2003 FOR PROFIT CORPORATION

Mailing Address

3. Mailing Address

City & State

Zip

il applicable

Suite, Apt. #, etc.

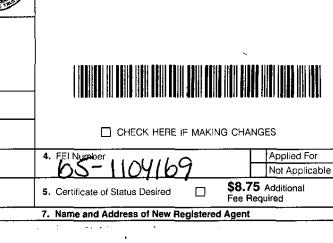
8062 WEST SAMPLE ROAD

CORAL SPRINGS FL 33065

## UNIFORM BUSINESS REPORT (UBR) P02000024383 DOCUMENT # 1. Entity Name MIC SERVICES, INC

## **FILED** May 01, 2003 8:00 am Secretary of State

05-01-2003 90206 045 \*\*\*150.00



LENTZ, LISA S 4030 EDGEWOOD DR COCONUT CREEK FL 33066

Principal Place of Business

8062 WEST SAMPLE ROAD

CORAL SPRINGS FL 33065

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

Street Address (P.O. Box Number is Not Acceptable) City 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

Country

the obligations of

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Country

6. Name and Address of Current Registered Agent

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

DATE

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/2 TITLE TITLE Delete LENTZ, LISA S NAME NAME 4030 EDGEWOOD DR STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33066 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change - ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE Delete 1 ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 attachmen address, with all other like empowered.

SIGNATURE:

CR2E034 (10/02)