2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000060170 **DOCUMENT #**

1. Entity Name

MICHAELS LIMITED SALES INC.



FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90424 020 ***150.00

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					COD WE THE						
Principal Place of Business 450 STAN DRIVE UNIT 18 MELBOURNE FL 32904			Mailing Address 450 STAN DRIVE UNIT 18 MELBOURNE FL 32904								
Principal Place of Business Address Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number			 	plied For t Applicable	
Zip Country				try	E Cortificate of Status Decired S8.75						
				<u> </u>		7. N	lame and Address of N	lew Registered	Agent		
6. Name	and Address of Current	negistere	u Agent		Name						
GENSEN, BERNARDITA											
						_		·			
NE FL 329	904								1 75- 01		
					City				•		
ons of regis	tered agent.								ETTINICAL VYICET,		
Signature, typed	or printed name of registered agent	and title if app	licable. (NO	TE: Registere	d Agent signature requ	iliea when te	ainstaurig)				
May 1, 20	03 Fee will be \$550.00	of State					Trust Fund Cont	ribution. [Added	May Be to Fees	
						AD	DITIONS/CHANGES T	O OFFICERS AN			
D GENSEN 1415 N H	Gensen, Edward 1415 n hwy A1a Unit 301		☐ Delete	NAM STRI	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
D GENSEN 1415 N F	D GENSEN, BERNARDITA 1415 N HWY A1A UNIT 301		☐ Delete	NAM STR	ME EET ADDRESS				☐ Change	☐ Addition	
INDIALAR			☐ Delete	TITU NAA STR	E ME EET AODRESS				Change	Addition	
			☐ Delete	NAM STR	AE EET ADDRESS	-			Change	☐ Addition	
			☐ Delete	NAM STR	ME LEET ADDRESS				☐ Change	☐ Addition	
	☐ Delete		NAT STE	ME REET ADDRESS Y-ST-ZIP	0	. 440 07/0V/) FIid- 94	ntutos i further s	Change	Addition		
	E UNIT 18 L 32904 ace of Busin t, etc. 6. Name BERNARD DRIVE UN NE FL 329 named entit ons of regis Signature, typec LE NOW! May 1, 20 Payable to D GENSEN 1415 N H INDIALAN D GENSEN 1415 N H INDIALAN	Country 6. Name and Address of Current BERNARDITA DRIVE UNIT 18 NE FL 32904 named entity submits this statement foons of registered agent. Signature, typed or printed name of registered agent LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of OFFICERS AND OFFICERS AND 1415 N HWY A1A UNIT 301 INDIALANTIC FL 32903 D GENSEN, BERNARDITA 1415 N HWY A1A UNIT 301 INDIALANTIC FL 32903	Ace of Business ace of	## UNIT 18 L 32904 ## STAN DRIVE UNIT 1 ## MELBOURNE FL 32904 ## Address ## etc. Country	## UNIT 18	### ASO STAN DRIVE UNIT 18 ### L 32904 ### ABLBOURNE FL 32904 ### ABLBOURNE FL 32904 ### ABLBOURNE FL 32904 ### ABLBOURNE FL 32904 ### Country ### Country	### ASO STAN DRIVE UNIT 18 ### L 32934 ### MELBOURNE FL 32904 As	A STAN DRIVE UNIT 18 ASD STAN DRIVE UNIT 18 MELBOURNE FL 32304 Since of Business 3. Mailing Address 5. Mailing Address 5. Suite, Apt. #, etc. CHECK H City & State Country Zip Country 5. Certificate of Status Des 6. Name and Address of Current Registered Agent Name BERNARDITA DRIVE UNIT 18 NE FL 32304 City City Street Address (P.O. Box Number is Not Accept the purpose of changing its registered agent, or both, in the State one of registered agent. Street Address (P.O. Box Number is Not Accept the purpose of changing its registered office or registered agent, or both, in the State one of registered agent. Street Address (P.O. Box Number is Not Accept the purpose of changing its registered office or registered agent, or both, in the State one of registered agent. City City Street Address (P.O. Box Number is Not Accept the purpose of changing its registered office or registered agent, or both, in the State one of registered agent. City BERNARDITA DRIVE UNIT 18 Name Street Address (P.O. Box Number is Not Accept the purpose of changing its registered office or registered agent, or both, in the State one of registered agent. Street Address (P.O. Box Number is Not Accept the purpose of changing its registered office or registered agent, or both, in the State one of registered agent. ADDITIONS/CHANGES TO THE FUND OF THE Purpose Agent signature registered agent. Delete Title NAME STREET ADDRESS CITY-ST- 2P Delete TITLE NAME STREET ADDRESS CITY-ST- 2P	## ASS STAN DRIVE UNIT 18 ## L 32904 ## MELBOURNE FL 32904 ASS STAN DRIVE UNIT 18 ## L 32904 ASS STAN DRIVE UNIT 18 ## L 32904 Country	## LINT 18 ## AVS STAN DRIVE UNT 18 ## L 32304 ## ## MELBOURNE FL 32304 ## MELBOURNE FL APPL	

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 all other like empowered.

SIGNATURE:

Daytime Phone #