

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90759 006 ***150.00

DOCUMENT # P02000124371

1. Entity Name
MICHELLE S. WORLEY, CPA, P.A.



Principal Place of Business
**541 HUNTINGTON PINES DR
OCOE FL 34761**

Mailing Address
**541 HUNTINGTON PINES DR
OCOE FL 34761**



2. Principal Place of Business
12200 W. Colonial Drive

3. Mailing Address

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.

City & State
Winter Garden, FL

City & State

4. FEI Number
38-3666438

Applied For
Not Applicable

Zip
34787

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WORLEY, MICHELLE S
541 HUNTINGTON PINES DR
OCOE FL 34761**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WORLEY, MICHELLE S
541 HUNTINGTON PINES DR
OCOE FL 34761** ☐ Delete

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
REQUIRED Michelle S. Worley

Date

Daytime Phone #

04/09/03 407 656 6106

CR2E034 (10/02)