

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/

FILED
Sep 03, 2003 8:00 am
Secretary of State

08-11-2003 90288 039 ***150.00

DOCUMENT # P02000125335

1. Entity Name
UNCLE MIKES INVENTORY, INC.



Principal Place of Business
1075 CORKWOOD DRIVE
OVIEDO FL 32765

Mailing Address
1075 CORKWOOD DRIVE
OVIEDO FL 32765

55055616

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

20-0187337

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RYAN, JOSHUA
8811 DOVER OAKS COURT
ORLANDO FL 32836

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 PSTD ☐ Delete
NAME NEWBOLD, CHAD
STREET ADDRESS 1075 CORKWOOD DRIVE
CITY-ST-ZIP OVIEDO FL 32765

TITLE VD ☐ Delete
NAME NEWBOLD, JENNIFER
STREET ADDRESS 1075 CORKWOOD DRIVE
CITY-ST-ZIP OVIEDO FL 32765

TITLE D ☒ Delete
NAME NEWBOLD, GARY
STREET ADDRESS 1075 CORKWOOD DRIVE
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/03

Date

407-247-4968

Daytime Phone #

CR2034 (10/02)

Attachment

d Arrigoitia & Co., P.A.
CERTIFIED PUBLIC ACCOUNTANTS

55055616

PO2000125335

July 23, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

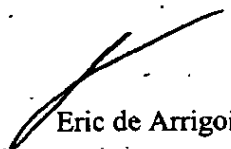
RE: Uncle Mikes Inventory, Inc. 2003 (UBR)

Dear Agent;

This is the first year the business owner is in business. They never received notice of the report until after the fact of the \$400 penalty for late filing. If they had received the notice they would have filed it on time. We would asked that the penalty be waived and accept the \$150 fee.

If you have any questions, don't hesitate to give us a call. Thank you for you consideration on this matter.

Sincerely,


Eric de Arrigoitia, CPA