

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

FILED
Jun 16, 2003 8:00 am
Secretary of State

06-16-2003 90140 006 ***150.00

DOCUMENT # P02000127183

1. Entity Name

MICHAEL SARTORE, INC.



DO NOT WRITE IN THIS SPACE

90139882

2. Principal Place of Business
237 BEACH AVENUE

3. Mailing Address
237 BEACH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ATLANTIC BEACH, FL

City & State
ATLANTIC BEACH, FL

4. FEI Number 65-1163810

Applied For
Not Applicable

Zip
32233

Country
DUVAL

Zip
32233

Country
DUVAL

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MICHAEL SARTORE

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

237 BEACH AVENUE

City ATLANTIC BEACH

FL

Zip Code
32233

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 relinquishing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

DPST
MICHAEL SARTORE
237 BEACH AVENUE
ATLANTIC BEACH, FL 32233

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/12/03

904-241-2533

Date

Daytime Phone #

CR2E034B (12/02)



- ✓ Income Tax Service
- ✓ Financial & Insurance Services
- ✓ Accounting & Bookkeeping Services

Attachment
90139882

320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

June 12, 2003

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, FL 32314

Re: Profit Corporation Annual Report
Document P02000127183 - Michael Sartore, Inc.

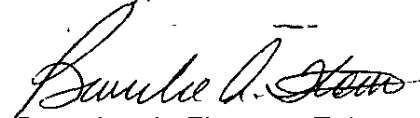
Dear Sir/Madam,

Please see the enclosed Uniform Business Report for our client listed above. We are requesting that you accept his application and payment of \$150.00, for the year 2003.

Mr. Sartore, President of the above Corporation, did not receive his report. When he came in to have his taxes completed, we determined that the annual fees had not been filed nor paid. We immediately prepared the necessary form. He is very conscientious about filing and paying all fees timely.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,


Beverlee A. Flowers, E.A.

Enclosure: Uniform Business Report