


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91201 003 ***150.00

DOCUMENT # P02000131196

1. Entity Name
MICHAELA'S SNOOK INN, INC.



Principal Place of Business
**4445 PINE ISLAND RD
MATLACHA FL 33993**

Mailing Address
**2637 2 ST
MATLACHA FL 33933**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number
02 065 7241

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**VALENTI, CATHERINE L
2637 2 ST
MATLACHA FL 33993**

7. Name and Address of New Registered Agent

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 _____ (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	D <input type="checkbox"/> Delete
NAME	VALENTI, CATHERINE
STREET ADDRESS	4445 PINE ISLAND RD
CITY-ST-ZIP	MATLACHA FL 33993
TITLE	D <input type="checkbox"/> Delete
NAME	VALENTI, FRANK
STREET ADDRESS	4445 PINE ISLAND RD
CITY-ST-ZIP	MATLACHA FL 33993
TITLE	D <input type="checkbox"/> Delete
NAME	CIANO, JULIA
STREET ADDRESS	4445 PINE ISLAND RD
CITY-ST-ZIP	MATLACHA FL 33993
TITLE	<input type="checkbox"/> Delete
NAME	<i>Note all of our mailing addresses are:</i>
STREET ADDRESS	<i>2637 2nd St</i>
CITY-ST-ZIP	<i>Matlacha FL 33993</i>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Catherine L. Valenti* **Catherine L. Valenti, 4/18/03 239 699 9546**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)