

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90036 046 \*\*\*150.00

**DOCUMENT #** P02000133283

1. Entity Name  
**MICHAEL H. SMALLEY, INC.**



Principal Place of Business  
8611 VILLA POINT, #1223  
ORLANDO FL 32810

Mailing Address  
8611 VILLA POINT, #1223  
ORLANDO FL 32810

**55053037**

2. Principal Place of Business  
1506 Chestnut Ave

3. Mailing Address  
1506 Chestnut Ave

City & State  
Winter Park, FL

City & State  
Winter Park, FL

Zip  
32789

Country  
USA

Zip  
32789

Country  
USA

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**SMALLEY, MICHAEL H**  
8611 VILLA POINT, #1223  
ORLANDO FL 32810

4. FEI Number  
59-3624968

Applied For  
☐ Not Applicable

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

7. Name and Address of New Registered Agent  
Name **Michael H Smalley**  
Street Address (P.O. Box Number is Not Acceptable)  
1506 Chestnut Ave  
City **Winter Park** **FL** Zip Code **32789**

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 DATE **7-15-03**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
After September 10, 2003 Fee will be \$750.00  
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	<b>P SMALLEY, MICHAEL H 8611 VILLA POINT, #1223 ORLANDO FL 32810</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **7-15-03** **321-356-5191**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)