

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000003642

1. Entity Name

MIKE'S TROPHIES AND GIFTS, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90116 050 \*\*\*158.75

Principal Place of Business

Mailing Address

963 S. FEDERAL HWY  
STUART FL 34994

963 S. FEDERAL HWY  
STUART FL 34994-3810

00004151



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

929 LINCOLN AVE

3. Mailing Address

929 LINCOLN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

STUART, FL

4. FEI Number

65-0382377

Applied For

Not Applicable

Zip

34994

Country

MARTIN

Zip

34994

Country

MARTIN

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

PAUL, CAROL

963 S. FEDERAL HWY 929 LINCOLN AVE.  
STUART FL 34994

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.

SIGNATURE

*Carol Paul*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/11/2000*

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS PAUL MICHAEL  
CITY-ST-ZIP 1096 N.W. 13TH TERR.  
STUART FL

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

TITLE ☐ Delete  
NAME VPD  
STREET ADDRESS PAUL, CAROL  
CITY-ST-ZIP 1096 N.W. 13TH TERRACE  
STUART FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*Carol Paul*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*1/07/2000*

Daytime Phone #

*561-286-5688*

CR2E034 (9/99)