

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90012 029 ***150.00

DOCUMENT # P93000006612

1. Entity Name
MICRODEL, INC.

Principal Place of Business
**3212 CRANES NEST LANE
KISSIMMEE FL 34743**

Mailing Address
**P. O. BOX 451741.
KISSIMMEE FL 34745
US**

2. Principal Place of Business

3. Mailing Address

3212 CRANES NEST LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KISSIMMEE, FL

4. FEI Number

59-3171861

Applied For

Not Applicable

Zip

Country

Zip

Country

34743

U.S.A

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

**INNISS, WILLIAM
3212 CRANES NEST LANE
KISSIMMEE FL 34743**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 **P** ☐ Delete
NAME **INNISS, WILLIAM**
STREET ADDRESS **3212 CRANES NEST LANE**
CITY-ST-ZIP **KISSIMMEE FL 34743**

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

TITLE **VP** ☐ Delete
NAME **EINSTEIN, INNISS**
STREET ADDRESS **56 CLEARVIEW HEIGHT CLERMONT**
CITY-ST-ZIP **ST. JAMES BA**

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

TITLE **S** ☐ Delete
NAME **WATERMAN, CHARLES**
STREET ADDRESS **207 E CEDARWOOD CIR**
CITY-ST-ZIP **KISSIMMEE FL 34743**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

WILLIAM E. INNISS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.14.02

407-344-0277

Date

Daytime Phone #

CR2E034 (9/01)