

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90993 011 ***150.00

DOCUMENT # P93000006612

1. Entity Name
MICRODEL, INC.



Principal Place of Business
3212 CRANES NEST LANE
KISSIMMEE FL 34743

Mailing Address
3212 CRANES NEST LANE
KISSIMMEE FL 34743
US

2. Principal Place of Business
6571 BAYBORO CT

3. Mailing Address
6571 BAYBORO CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number
59-3171861

Applied For
Not Applicable

Zip
32829

Country
U.S.A

Zip
32829

Country
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
WILLIAM INNISS
Street Address (P.O. Box Number is Not Acceptable)
6571 BAYBORO CT
City
ORLANDO **FL** **Zip Code**
32829

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** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. 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
PRESIDENT ☒ **Change** ☐ **Addition**
NAME
WILLIAM INNISS
STREET ADDRESS
6571 BAYBORO CT
CITY-ST-ZIP
ORLANDO, FL 32829

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

TITLE
VICE PRESIDENT ☒ **Change** ☐ **Addition**
NAME
EINSTEIN INNISS
STREET ADDRESS
ROCK DUNDO PARK, CAVE-HILL
CITY-ST-ZIP
ST. MICHAEL, BARBADOS

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

TITLE
NAME ☐ **Change** ☐ **Addition**
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

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: WILLIAM INNISS **04-24-03** **407-275-8789**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)