2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P93000034917

Mailing Address

P.O. BOX 4100. RYDAL PA 19046

1. Entity Name MICHAEL JACK, INC.

Principal Place of Business

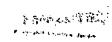
373 EAGLE DR.

JUPITER FL 33477



FILED Mar 10, 2003 8:00 am **Secretary of State**

03-10-2003 90783 012 ***150.00





2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 22-2288997 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAPIRO, PAUL E Street Address (P.O. Box Number is Not Acceptable) % GREENBERG TRAURIG HOFFMAN LIPOFF ROSEN 777 S. FLAGLER DR., SUITE 310-E WEST PALM BEACH FL 33401 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE CR2E034 (10/02) ☐ Addition SCHMIDT, MICHAEL J NAME NAME STREET ADDRESS 373 EAGLE DR. STREET ADDRESS JUPITER FL 33477 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition ROSENBERG, ARTHUR NAME NAME P.O. 4100 N/A -STREET ADDRESS STREET ADDRESS RYDAL PA CITY-ST-ZIE CITY-ST-7IP TITLE TITLE Delete_ ☐ Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 additional statutes.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

D Delete

/o3

Daytime Phone #

☐ Change

☐ Change

☐ Addition

☐ Addition