

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000035240

1. Entity Name

MICHAEL D VICK, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90097 032 ***150.00

Principal Place of Business

Mailing Address

214 SAN LUIS STREET S.W.
PALM BAY FL 32908

214 SAN LUIS STREET S.W.
PALM BAY FL 32908-3513

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3195429

Applied For

Not Applicable

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

VICK, MICHAEL D
214 SAN LUIS STREET S.W.
PALM BAY FL 32908

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

Michael D Vick

2-7-00

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, 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

NAME

STREET ADDRESS

CITY-ST-ZIP

DPVP ☐ Delete

VICK, MICHAEL D
214 SAN LUIS STREET S.W.
PALM BAY FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP ☒ Delete

CUZZI, STEVE
5525 SAND LAKE RD
MELBOURNE FL 32934

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S ☐ Delete

JACOBS, KENNETH
326 STANDAL RD. N.W.
PALM BAY FL 32907

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☒ Addition

VP
CLAYTON S. FISHER
779 CHEYENNE AVE.
MELBOURNE, FL 32935

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-00

Date

407-676-7866

Daytime Phone #

CR2E034 (9/99)