

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90333 020 ***150.00

DOCUMENT # P93000074672

1. Entity Name
MIKESEL, INC.



Principal Place of Business
**315 RIO PINAR DR
ORMOND BEACH FL 32174**

Mailing Address
**PO BOX 730547
ORMOND BEACH FL 32173-0547**



2. Principal Place of Business

306 RIVER BLUFF DR.

3. Mailing Address

SAME AS PO.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ABOVE

☒ CHECK HERE IF MAKING CHANGES

City & State

ORMOND BEACH

City & State

4. FEI Number **59-3206840**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LEWIS, LESTER A
315 SILVER BEACH AVE
DAYTONA BEACH FL**

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. 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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **EDDY, MICHAEL S**
STREET ADDRESS **315 RIO PINAR DRIVE**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☒ Change ☐ Addition
NAME **306 River Bluff Dr.**
STREET ADDRESS **ORMOND BEACH, FL 32174**
CITY-ST-ZIP

TITLE **DST** ☐ Delete
NAME **EDDY, JANE S**
STREET ADDRESS **315 RIO PINAR DRIVE**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE ☒ Change ☐ Addition
NAME **306 River Bluff Dr.**
STREET ADDRESS **ORMOND BEACH FL 32174**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23-03

386-671-2060

Date

Daytime Phone #

CR2E034 (10/02)