

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000088638**

1. Entity Name

MICHAEL DAEHN & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

4655 BAYSHORE BLVD N.E. ST. PETERSBURG FL 33703 US
240 PEACHTREE ST. #13 F11 ATLANTA GA 30303 US

2. Principal Place of Business

3. Mailing Address

SELECTIONS BY MDA
340 PEACHTREE ST.
ATLANTA GA 30303

City & State

City & State

ATLANTA GA

ATLANTA GA

Zip

Country

Zip

Country

30303

USA

30303

USA

4. FEI Number

Applied For

59-3126167

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

NOLL, SUZANNE
4628 BYERLY CR.
TAMPA, FL. 33634

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, 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	PT	<input type="checkbox"/> Delete
NAME	DAEHN, MICHAEL	
STREET ADDRESS	4655 BAYSHORE BLVD N.E.	
CITY-ST-ZIP	ST PETERSBURG FL 33703	
TITLE	✓ HALE, PAUL	<input type="checkbox"/> Delete
NAME	875 EUBANK CT. N.E.	
STREET ADDRESS	ATLANTA GA 30324	
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete
NAME	DAEHN, MARILYN	
STREET ADDRESS	7022 N. 55 ST. UNIT H	
CITY-ST-ZIP	MILWAUKEE WI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300003456113-1	
CITY-ST-ZIP	-11/07/00--0120--017	
	*****550.00 *****550.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Michael Daehn MICHAEL DAEHN

Date

Daytime Phone #

FILED
00 OCT 20 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)