

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000020912

1. Entity Name
MIKELLI & ASSOCIATES, INC.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90090 042 ***150.00

Principal Place of Business

**1733 S. RIDGEWOOD AVE.
SOUTH DAYTONA FL 32119
US**

Mailing Address

**1733 S. RIDGEWOOD AVE.
SOUTH DAYTONA FL 32119
US**

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 **59-3228771**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, KELLI B
6068 6089 SABAL HAMMOCK CIR
PORT ORANGE FL 32124

Name

Street Address (P.O. Box Number is Not Acceptable)

6068 SABAL HAMMOCK CIRCLE

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 Kelli B Thomas KELLI B. THOMAS PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-01

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, 2001 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 ☐ Delete
NAME **DP**
STREET ADDRESS **THOMAS, KELLI B**
CITY-ST-ZIP **6089 SABAL HAMMOCK CR**
PT ORANGE FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6068 SABAL HAMMOCK CR**
CITY-ST-ZIP **PORT ORANGE, FL 32124**

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **BLEDSE, LORE L**
CITY-ST-ZIP **2555 S. ATLANTIC AVE, #1801**
DAYTONA BEACH SHORES FL 32118

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **31 HABERSHAM DRIVE**
CITY-ST-ZIP **FLAGLER BEACH, FL 32136**

TITLE ☐ Delete
NAME **DTS**
STREET ADDRESS **BLEDSE, JAMES R**
CITY-ST-ZIP **2555 S. ATLANTIC AVE, #1801**
DAYTONA BEACH SHORES FL 32118

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **31 HABERSHAM DRIVE**
CITY-ST-ZIP **FLAGLER BEACH, FL 32136**

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Kelli B Thomas KELLI B. THOMAS PRESIDENT **1-14-01** (904) 756-6163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)