

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90004 031 ***150.00

DOCUMENT # P94000020912

1. Entity Name
MIKELLI & ASSOCIATES, INC.

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 214578

Suite, Apt. #, etc.

City & State

South Daytona, FL

Zip

32121-4578

Country

USA

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

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

7. Name and Address of New Registered Agent

Name

ALTHOUSE, KELLI B.

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

6068 SABAL HAMMOCK CIRCLE

City

PORT ORANGE

FL

Zip Code
32124

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 Althouse

KELLI B. ALTHOUSE

4-30-02

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, 2002 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

TITLE **DP** ☐ Delete
 NAME **THOMAS, KELLI B**
 STREET ADDRESS **6068 SABAL HAMMOCK CR**
 CITY-ST-ZIP **PT ORANGE FL 32124**

TITLE **DV** ☐ Delete
 NAME **BLED SOE, LORE L**
 STREET ADDRESS **31 HABERSHAM DR**
 CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE **DTS** ☐ Delete
 NAME **BLED SOE, JAMES R**
 STREET ADDRESS **31 HABERSHAM DR**
 CITY-ST-ZIP **FLAGLER BEACH FL 32136**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **ALTHOUSE, KELLI B.**
 STREET ADDRESS **6068 SABAL HAMMOCK CIRCLE**
 CITY-ST-ZIP **PORT ORANGE, FL 32124**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 Althouse* **KELLI B. ALTHOUSE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

Date

(386) 761-6111

Daytime Phone #

CR2E034 (9/01)