

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000007685

1. Entity Name

MICOL GROUP, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90034 020 ***150.00

Principal Place of Business

Mailing Address

7906 FRONT BEACH RD
PANAMA CITY FL 32407
US

7906 FRONT BEACH RD
PANAMA CITY FL 32407-4817
US

C0033231

2. Principal Place of Business

3. Mailing Address

8409 FRONT BEACH ROAD
Suite, Apt. #, etc.

8409-FRONT BEACH ROAD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PANAMA CITY BEACH FL

City & State

PANAMA CITY BEACH FL

4. FEI Number

59-3293889

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

TROLLOPE, RICHARD
333 MAGNOLIA AVE.
PANAMA CITY FL 32401

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 P
NAME MITCHELL, JACK
STREET ADDRESS 137 SANDOLLAR DR
CITY-ST-ZIP PANAMA CITY BCH FL 32408 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-300

Date

850-234-1520

Daytime Phone #

CR2034 (9/99)