

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90343 044 ***150.00

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1. Entity Name
MICHAEL MABIRE CO.



Principal Place of Business
**902 E. BLOUNT ST
PENSACOLA FL 32503**

Mailing Address
**P.O. BOX 30664
PENSACOLA FL 32503**



2. Principal Place of Business

205 E. INTENDENCIA ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PENSACOLA FL

City & State

Zip

32501

Country

USA

Country

4. FEI Number

59-3356728

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MABIRE, MICHAEL E
902 E. BLOUNT ST
PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

Name **MICHAEL E. MABIRE**

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

205 E. INTENDENCIA ST

City

PENSACOLA

FL

Zip Code

32501

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

1-7-03

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

TITLE **P** ☒ Delete
NAME **MABIRE, MICHAEL**
STREET ADDRESS **902 E. BLOUNT ST**
CITY-ST-ZIP **PENSACOLA FL 32503** **NEW ADDRESS**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **MICHAEL E. MABIRE**
STREET ADDRESS **P.O. BOX 30664**
CITY-ST-ZIP **PENSACOLA, FL 32503**

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

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

1-7-03

Date

850-435-7526

Daytime Phone #

CR2E034 (10/02)