

# 2002 UNIFORM BUSINESS REPORT (UBR)

0456033 AV

**DOCUMENT # P96000039448**

1. Entity Name  
**J. MICHAEL ROSS & CO. INC.**

**FILED**  
02 OCT -9 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business      Mailing Address

**3176 SHORELINE DRIVE**      **3176 SHORELINE DRIVE**  
**CLEARWATER FL 34620**      **CLEARWATER FL 34620**



DO NOT WRITE IN THIS SPACE

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 **59-3434610**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROSS, JOHN M**  
**3176 SHORELINE DRIVE**  
**CLEARWATER FL 34620**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	<input type="checkbox"/> Delete
NAME	<b>P ROSS, JOHN M.</b>
STREET ADDRESS	<b>3176 SHORELINE DR.</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>900008331539--1</b>
STREET ADDRESS	<b>-10/11/02--01027--029</b>
CITY-ST-ZIP	<b>****150.00 ****150.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:** SIGNATURE      Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/01)

10-4-02

To Whom it may concern,

Over the past 12 months I was going through a divorce and my address has changed. I did not receive my mail until after due date of May 2002.

I am sending a check for \$150.-

If I have to pay penalty please send me bill for balance and I will send check immediately

Thank You

J. Ross

My new address is

J. Michael Ross Esq.  
14803 N. Bayshore Dr.  
MADEIRA Beach FL.

33708