

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
3176 SHORELINE DRIVE
CLEARWATER FL 34620

Mailing Address
3176 SHORELINE DRIVE
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

4. FEI Number
59-3434610

Applied For
Not Applicable

Zip

Country

Zip

Country

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

ROSS, JOHN M
3176 SHORELINE DRIVE
CLEARWATER FL 34620

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ROSS, JOHN M.
3176 SHORELINE DR.
CLEARWATER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900008331539-1
-10/11/02--01027--029
****150.00 ****150.00 ☐ Change ☐ Addition

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

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

Date

Daytime Phone #

CP2E034 (9/01)

10-6-02

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 Inc.
14803 N. Bayshore Dr.
MADEIRA Beach FL.

33708