

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90163 008 \*\*\*150.00

**DOCUMENT # P96000054157**

**1. Entity Name**  
**MICHELLE I. CATES, P.A.**



**Principal Place of Business**  
**507 WHITEHEAD STREET**  
**KEY WEST FL 33040**

**Mailing Address**  
**507 WHITEHEAD STREET**  
**KEY WEST FL 33040**



**2. Principal Place of Business**

**201 Front Street**

Suite, Apt., etc.

City & State

**Key West, FL**

Zip

Country

**33040 USA**

**3. Mailing Address**

**201 Front Street**

Suite, Apt., etc.

City & State

**Key West, FL**

Zip

Country

**33040 USA**

**7** CHECK HERE IF MAKING CHANGES

**4. FEI Number** **65-0689157**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CATES, MICHELLE I**  
**507 WHITEHEAD STREET**  
**KEY WEST FL 33040**

**7. Name and Address of New Registered Agent**

**Michelle Cates Deal**  
Street Address (P.O. Box Number is Not Acceptable)  
**201 Front Street**  
**Suite 110**  
City **Key West** FL **33040**

**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 **Michelle Cates Deal** **Michelle Cates Deal** **1/14/2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE **PSD** ☐ Delete  
NAME **CATES, MICHELLE I**  
STREET ADDRESS **507 WHITEHEAD STREET**  
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PSD** ☒ Change ☐ Addition  
NAME **Michelle Cates Deal**  
STREET ADDRESS **201 Front Street, Suite 110**  
CITY-ST-ZIP **Key West, FL 33040**

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 **Michelle Cates Deal** **pres.** **1/14/03** **305-296-7760**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)