

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000071285

1. Entity Name

MICHAEL TULP REPAIRS, INC.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90068 029 ***150.00

Principal Place of Business

Mailing Address

1950 SE PORT ST LUCIE BLVD
SUITE 213
PORT ST LUCIE FL 34952

1950 SE PORT ST LUCIE BLVD
SUITE 213
PORT ST LUCIE FL 34952-5579

2. Principal Place of Business

3. Mailing Address

718 SW PORT ST. LUCIE BLVD 718 SW PORT ST. LUCIE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ES

ES

City & State
PORT ST. LUCIE FL

City & State
PORT ST. LUCIE FL

Zip
34953

Country
USA

Zip
34953

Country
USA

4. FEI Number 65-0697540

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

TULP, MICHAEL
1950 SE PORT ST LUCIE BLVD
SUITE 213
PORT ST LUCIE FL 34952

718 SW PORT ST LUCIE BLVD
ES
34953

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 NAME STREET ADDRESS CITY-ST-ZIP	D TULP, ANNE M 1950 SE PORT ST LUCIE BLVD SUITE 213 PORT ST LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TULP, MICHAEL 1950 SE PORT ST LUCIE BLVD SUITE 213 PORT ST LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 718 SW PORT ST. LUCIE BLVD ES PORT ST LUCIE FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 718 SW PORT ST. LUCIE BLVD ES PORT ST LUCIE FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

MICHAEL TULP

4/15/00

Daytime Phone #

561 878 3002

CR2E034 (9/99)