

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

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90241 029 \*\*\*150.00

DOCUMENT # P96000089604

1. Entity Name

167 Inc.

**650172**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

47 Engwall Cir

Suite, Apt. #, etc.

3. Mailing Address

47 Engwall Cir

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Havana, FL 32333

City & State

Havana, FL

4. FEI Number

59-3433608

Applied For

Not Applicable

Zip

32333

Country

Guatemala

Zip

32333

Country

Guatemala

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Jean A. Carmichael

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

47 Engwall Cir

City

Havana

**FL**

Zip Code

32333

**DO NOT WRITE  
IN THIS SPACE**

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

Juan  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
Ricky L. Carmichael  
47 Engwall Cir  
Havana, FL 32333

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
Jean A. Carmichael  
47 Engwall Cir  
Havana, FL 32333

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/02

Daytime Phone #

850/539-4492

CR2E034B (12/01)