

2001 UNIFORM BUSINESS REPORT (UBR)

2/2/1

FILED
Mar 02, 2001 8:00 am
Secretary of State

02-02-2001 90302 003 ***150.00

DOCUMENT # P96000100467

1. Entity Name
MICHAEL BUILDERS, INC.

Principal Place of Business 1649 SHADOW OAKS RD KISSIMMEE FL 34744 US	Mailing Address 1649 SHADOW OAKS RD KISSIMMEE FL 34744 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3416356	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State			
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SWART, HARRY J 717 E OAK STREET KISSIMMEE FL 34744			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	

B. 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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	VPTD MICHAEL, KEVIN	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1649 SHADOW OAKS RD		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744		CITY-ST-ZIP		
TITLE NAME	P MICHAEL, KYLE	<input type="checkbox"/> Delete	TITLE NAME	<i>Michael Kyle</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1521 LARKS WEST COURT		STREET ADDRESS	<i>12862 New York Woods Circle</i>	
CITY-ST-ZIP	ORLANDO FL 32824		CITY-ST-ZIP	<i>Orlando, FL 32824</i>	
TITLE NAME	S DULANSKY, TROY	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5152 CONROY ROAD APT-1316		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32811		CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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]* **Kevin & Michael** Date: **2-21-01** Daytime Phone #: **407-908-9615**

CR2E034 (10/00)