

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91169 040 \*\*\*150.00

**771261**

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** P96000100471

1. Entity Name

**MICHAEL CONTRACTING, INC.**

Principal Place of Business

**1649 Shadow Oaks Road  
 Kissimmee, FL 34744**

Mailing Address

**1649 Shadow Oaks Road  
 Kissimmee, FL 34744**

2. Principal Place of Business

Suite, Apt. # etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number  
**59-3416358**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**Harry J. Swart, CPA  
 717 East Oak Street  
 Kissimmee, FL 34744**

7. Name and Address of New Registered Agent

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!!  
 After MAY 1, 2001  
 Make Check Payable to Department of State**

**FEE IS \$150.00  
 Fee will be \$550.00**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P, D	<input type="checkbox"/> Delete
NAME	Kevin Michael	
STREET ADDRESS	1649 Shadow Oaks Road	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE	S, D	<input type="checkbox"/> Delete
NAME	Bonnie Michael	
STREET ADDRESS	1649 Shadow Oaks Road	
CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that no 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: DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

*Kevin L. Michael*  
**Kevin L. Michael**  
 4-20-01 4079089615