

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100471

1. Entity Name
MICHAEL CONTRACTING, INC.

Principal Place of Business
1649 SHADOW OAKS ROAD
KISSIMMEE FL 34744
US

Mailing Address
1649 SHADOW OAKS ROAD
KISSIMMEE FL 34744
US

2. Principal Place of Business
PO Box 555849
Suite, Apt. #, etc.
Orlando, FL
City & State
32855-5849

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip
Country

FILED
Jan 11, 2002 8:00 am
Secretary of State
01-11-2002 90001 020 ***150.00



DO NOT WRITE IN THIS SPACE

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
SWART, HARRY J
717 E 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 DATE 1-5-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 MICHAEL, KEVIN 1649 SHADOW OAKS ROAD KISSIMMEE FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MICHAEL, BONNIE 1649 SHADOW OAKS ROAD KISSIMMEE FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 the empowered.

SIGNATURE: 1-5-02 4079998890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0554738
AV

CR2E034 (9/01)