

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90191 023 \*\*\*150.00

**DOCUMENT # P96000100471**



1. Entity Name  
**MICHAEL CONTRACTING, INC.**

Principal Place of Business  
**P.O. BOX 555849**  
**ORLANDO FL 32855-5849**  
**US**

Mailing Address  
**P.O. BOX 555849**  
**ORLANDO FL 32855-5849**  
**US**



2. Principal Place of Business

3. Mailing Address

**717 E. Oak Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Kissimmee, FL**

4. FEI Number **59-3416358**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34744**

**USA**

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

**SWART, HARRY J**  
**717 E OAK STREET**  
**KISSIMMEE FL 34744**

Name  
**Baumruk, Andy J. CPA**

Street Address (P.O. Box Number is Not Acceptable)  
**717 E. Oak Street**

City  
**Kissimmee**

**FL**

Zip Code  
**34744**

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. I am familiar with, and accept the obligations of registered agent.

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

**Andy J. Baumruk, CPA**

**2/11/03**

DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**MICHAEL, KEVIN** ☐ Delete  
**1649 SHADOW OAKS ROAD**  
**KISSIMMEE FL 34744**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D,P,S,T** ☒ Change ☒ Addition  
**MICHAEL, KEVIN**  
**133 MAIN STREET**  
**WINDEMERE, FL 34786**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD** ☒ Delete  
**MICHAEL, BONNIE**  
**1649 SHADOW OAKS ROAD**  
**KISSIMMEE FL 34744**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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12. 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 10 or Block 11 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

**2-19-03 321 303 8940**

Date

Daytime Phone #

CR2E034 (10/02)