

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90007 016 ***150.00

DOCUMENT # P96000102708

1. Entity Name

MIKE NAUGHTON ENTERPRISES OF FLORIDA, INC.

Principal Place of Business

**6202 EAST HILLSBOROUGH AVENUE
TAMPA FL 33610**

Mailing Address

~~6202 EAST HILLSBOROUGH AVENUE
TAMPA FL 33610~~

B0042985



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

15 MOCKINGBIRD LANE

Suite, Apt. #, etc.

City & State

ENGLEWOOD CO.

Zip

80110

Country

USA

4. FEI Number

65-0725845

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**MORRIS, ROBERT E
4016 HENDERSON BOULEVARD
TAMPA FL 33629**

7. Name and Address of New Registered Agent

Name

MICHAEL D. NAUGHTON

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

6202 EAST HILLSBOROUGH AVENUE

City

TAMPA

FL

Zip Code

33610

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]

MICHAEL DENNIS NAUGHTON

03/01/02

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!!! 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

TITLE ☐ Delete
NAME **D NAUGHTON, MICHAEL D**
STREET ADDRESS **6202 EAST HILLSBOROUGH AVENUE**
CITY-ST-ZIP **TAMPA FL 33610**

TITLE ☐ Delete
NAME **D NAUGHTON, BRIAN P**
STREET ADDRESS **6202 EAST HILLSBOROUGH AVENUE**
CITY-ST-ZIP **TAMPA FL 33610**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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]

MICHAEL D. NAUGHTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)