## **2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT#** P97000003756 1. Entity Name

## **FILED** Jul 15, 2002 8:00 am Secretary of State 07-15-2002 90185 027 \*\*\*550.00

Principal Place of Business 1786 48th ST N 1786 48t	FLORAQ	UATICS, I	NC.			/				
Sulte, Apt. #, etc.  City & State  City & State  Country  S. Centricate of Status Desired   \$8.75 Additional Fee Required Agent  7. Name and Address of New Registered Agent  Name  MICHES, VANESSA L  17566 49TH ST N  LOXAHATCHEE FL 33470  Street Address (P.O. Box Number is Not Acceptable)  FLE NOW!! FEE IS \$55.0.0  After September 13, 2002 Fee will be \$750.00  After September 13, 2002 Fee will be \$750.00  After September 10 Status Control.  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  MAKE Control Paper 10 Status Control.  WICHELS, DANIEL L  17966 49TH ST N  LOXAHATCHEE FL 33470  Delate  MICHES, VANESSA L  17966 49TH ST N  LOXAHATCHEE FL 33470  Delate  MICHES, VANESSA L  17966 49TH ST N  LOXAHATCHEE FL 33470  Delate  MICHES, VANESSA L  17966 49TH ST N  LOXAHATCHEE FL 33470  Delate  MICHES, VANESSA L  17966 49TH ST N  LOXAHATCHEE FL 33470  Delate  MICHES, VANESSA L  17966 49TH ST N  LOXAHATCHEE FL 33470  Delate  MICHES, VANESSA L  17966 49TH ST N  LOXAHATCHEE FL 33470  Delate  MICHES, VANESSA L  17966 49TH ST N  LOXAHATCHEE FL 33470  Delate  MICHES, VANESSA L  17966 49TH ST N  LOXAHATCHEE FL 33470  Delate  MICHES, VANESSA L  17966 49TH ST N  LOXAHATCHEE FL 33470  Delate  MICHES, VANESSA L  17966 49TH ST N  LOXAHATCHEE FL 33470  Delate  MICHES, VANESSA L  17966 49TH ST N  LOXAHATCHEE FL 33470  Delate  MICHES, VANESSA L  17966 49TH ST N  LOXAHATCHEE FL 33470  Delate  MICHES, VANESSA L  17966 49TH ST N  LOXAHATCHEE FL 33470  Delate  MICHES, VANESSA L  17966 49TH ST N  LOXAHATCHEE FL 33470  Delate  MICHES, VANESSA L  17967 49TH ST N  LOXAHATCHEE FL 33470  Delate  MICHES, VANESSA L  17966 49TH ST N  LOXAHATCHEE FL 33470  Delate  MICHES, VANESSA L  17966 49TH ST N  LOXAHATCHEE FL 33470  Delate  MICHES, VANESSA L  17966 49TH ST N  LOXAHATCHEE FL 33470  Delate  MICHES, VANESSA L  17966 49TH ST N  LOXAHATCHEE FL 33470  Delate  MICHES, VANES	17956 49TH S	ST N	S	17956 49TH ST N		1 3 8 8 3 8 8 8 7 10 8 8 9 11 8 8 8 9 11 8 8 8 9 1	1 <b>1 1 1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>1</b>	HILL BIII (BE)	
City & State  Country  Country  Separate of State Desired   State Desired   State Regulated   State Regula	2. Principal F	Place of Busin	ess	3. Mailing Address	. Mailing Address					
Country  Country  S. Certification of Status Desired _ S. 75 Against _ S. 75 Against _ See Regulated  6. Name and Address of Current Registered Agent  Name  MICHELS, VANESSA L 17956 497H ST N LOXAHATCHEE FL 33470  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)	Suite, Apt.	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
Second   S	City & Stat	te		City & State						
MICHELS, VANESSA L 17956 49TH ST N LOXAHATCHEE FL 33470  City  City  City  City  FL  Zip Code  City  City  FL  Zip Code  City	-	بالمحد مين التحد	*		Country		5. Certificate of Status Desire	d 🔲 <b>\$8</b> Fe	3.75 Add	itional
Streat Address (P.O. Box Number is Not Acceptable)  Streat Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named onity submits this statement for the purpose of changing its registered agent, or both, in the State of Florias. I am familiar with, and accept the obligations of registered agent. The obligations of reg	,	6. Name	and Address of Current R	legistered Agent			7. Name and Address of New	w Registered Age	ent	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  3. City  1. OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  1. OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  1. OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  1. OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  1. OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  1. OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  1. OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  1. OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  1. OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  1. OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  1. OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  1. OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  1. OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  1. OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  1. OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  1. OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  1. OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  1. OFFICERS AND DIRECTORS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRE	17956 49TH ST N									
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  **The Company of Registered agent is a company of Registered agent and the #1 applicable*  **SIGNATURE**	LOXAHATCHEE FL 33470									
SIGNATURE Signature, hypertor priserved agent under the projector of personal development of registered agent and release to do so. (See criteria on back)   Septiment of registered agent and release to do so. (See criteria on back)   Septiment of seguitation of personal pe						ity		FL	Zip Code	<b>!</b>
Tax filing requirement and elects to do so. (See criteria on back)   After September 13, 2002 Fee will be \$750.00   Trust Found Contribution.   \$5.00 May 8e Added to Fees (See criteria on back)   After September 13, 2002 Fee will be \$750.00   Trust Found Contribution.   \$5.00 May 8e Added to Fees (See criteria on back)   After September 13, 2002 Fee will be \$750.00   Trust Found Contribution.   \$5.00 May 8e Added to Fees (See criteria on back)   Addition State   Addition State	the obligat	tions of regist	ered agent.	vichos	ch els	<b>&gt;</b>				and accept
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET	Tax filing requirement and elects to do so. (See criteria on back)  After September 13, 200: Make Check Payable to					will be \$750.0	Trust Fund Contribu	· -		
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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)(1), 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 is 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.

essa L Michels 7-802 561-791-SIGNATURE: \_