

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90217 014 ***150.00

DOCUMENT # P97000027684

1. Entity Name
MICHAEL THERAPY SERVICES, INC.



Principal Place of Business
2035 KANSAS AVE. N.E.
ST. PETERSBURG FL 33703
US

Mailing Address
2035 KANSAS AVE. N.E.
ST. PETERSBURG FL 33703
US

2. Principal Place of Business
9545 SW 9th Terrace
Suite, Apt. #, etc.

3. Mailing Address
9545 SW 9th Terrace
Suite, Apt. #, etc.

City & State
Ocala Florida
Zip **34476** **Country** **USA**

City & State
Ocala Florida
Zip **34476** **Country** **USA**

4. FEI Number **59-3438603**

Applied For
Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

BUBLEY & BUBLEY,
3820 NORTHDAL BLVD., STE. 312B
TAMPA FL 33624

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

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ **Delete**
NAME **BUBLEY, MICHAEL S**
STREET ADDRESS **2035 KANSAS AVE. N.E.**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE **VP** ☐ **Delete**
NAME **BUBLEY, CHRISTINE P**
STREET ADDRESS **2035 KANSAS AVE N.E.**
CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **9545 SW 9th Terrace**
CITY-ST-ZIP **Ocala Florida 34476**

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **9545 SW 9th Terrace**
CITY-ST-ZIP **Ocala Florida 34476**

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**
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Michael S Buble*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 01/15/2003 **Daytime Phone #** 352-291-1100

CR2E034 (10/02)