

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90153 003 ***150.00

DOCUMENT # P97000056924

1. Entity Name

Michelle Payette, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
499 W. SR 434

3. Mailing Address

Suite, Apt. #, etc.
Suite #1029

Suite, Apt. #, etc.

City & State
Altamonte Springs, FL

City & State

Zip
32714

Country

Zip

Country

4. FEI Number
59-3453950

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Michelle Kelch

Street Address (P.O. Box Number is Not Acceptable)
499 W. SR 434

Suite #1029

City Altamonte Springs FL Zip Code 32714

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 *Michelle Payette*

(Signature of person or persons authorized to execute this statement)

(NOTE: Registered Agent Signature required when changing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-STATE-ZIP
DPST
Michelle Kelch
499 W. SR 434 Suite #1029
Altamonte Springs, FL 32714

TITLE
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Michelle Payette*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

407-682-7786

Daytime Phone #

CR2E034B (12/01)