

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90364 007 ***150.00

DOCUMENT # P97000078261

1. Entity Name
MISH ENTERPRISES, INC.



Principal Place of Business
**19623 LAKE OSCEOLA LANE
ODESSA FL 33556-1710**

Mailing Address
**19623 LAKE OSCEOLA LANE
ODESSA FL 33556-1710**



2. Principal Place of Business
19720 Kell Estates Lane
Suite, Apt. #, etc.

3. Mailing Address
19720 Kell Estates Lane
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Lutz, FL

City & State
Lutz, FL

4. FEI Number **59-3465204**

Applied For
Not Applicable

Zip
33549

Country
Hillsboro

Zip
33549

Country
Hillsboro

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

**DANIELS, MICHELLE M
19623 LAKE OSCEOLA LANE
ODESSA FL 33556-1710**

New address

Name
DANIELS, MICHELLE M
Street Address (P.O. Box Number is Not Acceptable)
19720 Kell Estates Ln

City
Lutz **FL** Zip Code
33549

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, MICHELLE M		NAME		
STREET ADDRESS	19623 LAKE OSCEOLA LANE		STREET ADDRESS	19720 KELL ESTATES LN	
CITY-ST-ZIP	ODESSA FL 33556-1710		CITY-ST-ZIP	LUTZ, FL 33549	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLAGAMBA, DAVID		NAME		
STREET ADDRESS	19623 LAKE OSCEOLA LANE		STREET ADDRESS	19720 KELL ESTATES LN	
CITY-ST-ZIP	ODESSA FL 33556		CITY-ST-ZIP	LUTZ, FL 33549	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

Michelle M Daniels
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03 *873-948-9706*
Date Daytime Phone #

CR2E034 (10/02)