2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P98000001480

1. Entity Name



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

02-13-2003 90269 033 ***150.00

MICHAEL	ELL, P.A.			7								
Principal Place of Business 811 NORTH SPRING STREET PENSACOLA FL 32501 US			Mailing Address 811 NORTH SPRING STREET SUITE 240-B PENSACOLA FL 32501 US									
2. Principal Place of Business			3. Mailing Address)### ##### ##### ID		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				_	CHECK HERE	F MAKING	CHANGES		
City & State			City & State				4. F	El Number 59-3492809			olied For Applicable	
Zip Country			Zip Count			try	5. 0	Certificate of Status Desired		\$8.75 Addi Fee Required		
6. Name and Address of Current			Registered Agent				7. N	lame and Address of New R	egistered A	gent		l
<u> </u>	o. Name	and Address of Current		e e erre susta		«Name» ــ			. <u>Decemb</u> er :	-=	٠	-
TIDWELL,						Street Address (P.O. Box Number is Not Acceptable)						
811 NORT						 						
PENSACO	LA FL 325	001								Zip Code	······································	
						City			FL	·		
8. The above	named enti	ty submits this statement fo	r the purpose	e of changing its	register	ed office or regi	stered ag	ent, or both, in the State of Flo	rida. I am f	amiliar with	and accept	
the obligati	ions of reals	stered agent.		. —	_	-			_		١.	
SIGNATURE _	Signature, types	d or printed name of registered agent	and title ii appica	(NOT	E: Registere	ed Agent signature req	uired when re	einstating)			-	
After	May 1, 20	!!! FEE IS \$150.00 103 Fee will be \$550.00 o Florida Department o	of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
<u> </u>		OFFICERS AND		<u> </u>	11.		AC	DITIONS/CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11	1.
10.	P	OFFICERS AND	DINECTOR	Delete	TITL					Change	Addition	3
TITLE NAME STREET ADDRESS	TIDWELL 811 NOF	, MICHAEL D RTH SPRINGS STREET				ME REET ADORESS Y-ST-ZIP						007
CITY-ST-ZIP	PENSAU	OLA FL 32501			TIT				" -	Change	Addition	
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CITY-ST-ZIP					CIT	Y-ST-ZIP						4
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NAME	į.					REET ADDRESS						
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CITY-ST-ZIP	 			☐ Delete		TLE				☐ Change	Addition	
TITLE				CT D6)6(6		ME						
NAME STREET ADDRESS	<u></u> ,	, ,	and the same		ST	REET ADDRESS						
CITY-ST-ZIP			- +*	,	CI	TY-ST-ZIP	; ;					4
TITLE				☐ Delete	TII	TLE				Change	Addition	
					NA.	ME						-1

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR