2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED DOCUMENT # P9800003553 Mar 04, 2000 8:00 am 1. Entity Name **Secretary of State** MIKE CARTER II, INC. 03-04-2000 90061 015 ***150.00 Principal Place of Business Mailing Address 1227 9TH AVENUE WEST 1227 9TH AVENUE WEST BRADENTON FL 34205 **BRADENTON FL 34205-7301** 2. Principal Place of Business Mailing Address 417-124 ST. W Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 200 <u>20</u>0 Applied For City & State 4. FEI Number 65-0804920 RADENTON Not Applicable ADENTON Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent Name CARTER, MICHAEL M Street Address (P.O. Box Number is Not Acceptable) 1227-9 9TH AVE. W **BRADENTON FL 34205** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PST Change ☐ Addition **PVST** TITLE TITLE ☐ Delete CARTER, MICHAEL M NAME NAME 417-1245 STREET W. SUITESOD STREET ADDRESS STREET ADDRESS 1227-9TH AVE W CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** TITLE ☐ Delete TITLE WALKER, LINDA A. NAME NAME 417-12 to ST. W. SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP_ □ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 11 or Block 12 if