

2000 UNIFORM BUSINESS REPORT (UBR)

4/22

FILED

Jul 07, 2000 8:00 am
Secretary of State

04-22-2000 90078 022 ***150.00

DOCUMENT # P98000065488

1. Entity Name

MICRON ASSOCIATES, INC.

Handwritten initials



DO NOT WRITE IN THIS SPACE

Principal Place of Business P.O. BOX 380164 PUNTA GORDA FL 33938-0164 MURDOCK	Mailing Address P.O. BOX 380164 PUNTA GORDA FL 33938-0164 MURDOCK
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State MURDOCK FL	City & State MURDOCK FL
Zip 33938 0164	Zip 33938 0164
Country	Country

4. FEI Number 65-0854171	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	7. Name and Address of New Registered Agent Name: RONALD LOMBARDI Street Address (P.O. Box Number is Not Acceptable): 13465 PALAU CIRCLE City: PORT CHARLOTTE FL Zip Code: 33953
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6. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134 <i>N/A</i>	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: RONALD LOMBARDI <i>Ronald Lombardi</i> Date: 4-29-00
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9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☒	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP PTD STENDER, LINDA L. 2320 RIO DE JANEIRO AVENUE PUNTA GORDA FL 33983	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PT STENDER, LINDA L. 13465 PALAU CIRCLE PORT CHARLOTTE, FL 33953	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP SV LOMBARDI, MICHAEL G. 2320 RIO DE JANEIRO AVENUE PUNTA GORDA FL 33983	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP SV LOMBARDI, MICHAEL G. 13465 PALAU CIRCLE PORT CHARLOTTE, FL 33953	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP V LOMBARDI, RONALD J. 2320 RIO DE JANEIRO AVENUE PUNTA GORDA FL 33983	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP V LOMBARDI, RONALD J. 13465 PALAU CIRCLE PORT CHARLOTTE, FL	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.	SIGNATURE: <i>Linda Stender, Pres.</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 4/21/2000 Daytime Phone #: 380 9377
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