

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100656

1. Entity Name
MIKECO, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90195 039 ***150.00

Principal Place of Business
**15175 EASTWOOD TRAIL
SPRING HILL FL 34609**

Mailing Address
**15175 EASTWOOD TRAIL
SPRING HILL FL 34609**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3609676**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FARIDES, MICHAEL J
15175 EASTWOOD TRAIL
SPRING HILL FL 34609**

Name

Street Address (P.O. Box)

City

Sign, Date &

Mail By 4/15

With \$ 150.00

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARIDES, MICHAEL J 15175 EASTWOOD TRAIL SPRINGHILL FL 34609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J Farides

04-15-2001

Date

354755-0716

Daytime Phone #

CR2E034 (10/00)