## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P98000102184 DOCUMENT #

MICHWILL, INC.

1. Entity Name



## **FILED** Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90071 006 \*\*\*150.00

			WE!						
Dal Place of Business Mailing Address 5107 27TH AVE S ORT FL 33707 GULFPORT FL 33707									
Principal Place of Business     Address						<b>08/0</b>      <b>0</b>    <b>02</b>	<b>.</b>	1331 <b>939</b> 1 1001	
Suite, Apt. #, etc. Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
State City & State				4. FEI 1	4. FEI Number 59-3544573 Applied Not Applied				
Country	Zip		Country	1		□ È∈	ee Required		
6. Name and Address of Current Registered Agent				7. Nam	e and Address of New R	egistered Ag	ent		
	- <del></del>	<del></del>	Name Name	• •					
KING, WILLIAM F 5107 27TH AVE S			Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
_ 33707								1	
			City			FL	·		
	atement for the purpose	of changing its	registered office or regis	stered agent,	or both, in the State of Flo	rida. I am far	niliar with, a	and accept	
ature, typed or printed name of reg	istered agent and title if applicab	le. (NOTE	E: Registered Agent signature requ	Jired when reinsta	ting)	DATE			
y 1, 2003 Fee will be	\$550.00							<b>0</b> May Be to Fees	
		· <del>-</del> -	I 11	ADDIT	IONS/CHANGES TO OFF	ICERS AND E	DIRECTORS	3 IN 11	
- OFFIC	ENS AND DIRECTORS	☐ Delete		710011	10/10/0////1020 10 0.1			Addition	
07 27TH AVE S		LL Delete	NAME STREET ADDRESS CITY-ST-ZIP						
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		☐ Delete	TITLE NAME STREET ADDRESS				Change	Addition	
	of Business tc.  Country  Now!!! FEE IS \$15 ry 1, 2003 Fee will be yable to Florida Depa	of Business  of Business  a. Mailing  tc. Suite, A  City & S  Country Zip  b. Name and Address of Current Registered A  M F  E S  33707  The dentity submits this statement for the purpose of registered agent.  NOW!!! FEE IS \$150.00  The state of the purpose of the state of the purpose of the state of the purpose of registered agent.  NOW!!! FEE IS \$150.00  The state of the purpose of the state of the purpose of the state of the st	of Business  3. Mailing Address  c. Suite, Apt. #, etc.  City & State  Country  Zip  3. Name and Address of Current Registered Agent  M F /E S  _ 33707  The dentity submits this statement for the purpose of changing its of registered agent.  NOW!!! FEE IS \$150.00  The sylication of State  OFFICERS AND DIRECTORS  The purpose of Changing its of Printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  The purpose of Changing its of Printed name of Printed agent and title if applicable.  OFFICERS AND DIRECTORS  The purpose of Changing its of Printed name of Printed agent and title if applicable.  OFFICERS AND DIRECTORS  The purpose of Changing its of Printed name of Printed agent and title if applicable.  OFFICERS AND DIRECTORS  The purpose of Changing its of Printed name of Printed agent and title if applicable.  OFFICERS AND DIRECTORS  Delete  Delete  Delete	SILEPORT FL 33707  SILE APIL #, etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  AF  Street Address  Street Address  Street Address  Street Address  City  Delete  NOVIE: Registered Agent signature	Stop 27TH AVE S GULFPORT FL 33707  of Business  3. Mailing Address  to.  City & State  Country  Zip  Country  Jip  Country  5. Cert  Name  Name  Name  Name  Street Address (P.O. Box N  City  City  City  Name and Address of Current Registered Agent  Name  NoVIII FEE IS \$150.000 agent signature required when renote the purpose of changing its registered office or registered agent, of	of Business  3. Mailing Address  Cc. Suite, Apr. 4. etc.   CHECK HERE  Cly & State   4. FEI Number 59-3544573  Country   Zip   Country   5. Certificate of Status Desired  For Street Address of Current Registered Agent   7. Name and Address of New R    Sirect Address (P.O. Box Number is Not Acceptable   Sirect Address (P.O. Box Number is Not Acceptable   1. Sirect Address (P.O. Box Number is Not Acceptable   1. Sirect Address (P.O. Box Number is Not Acceptable   1. Sirect Address (P.O. Box Number is Not Acceptable   1. Sirect Address (P.O. Box Number is Not Acceptable   1. Sirect Address (P.O. Box Number is Not Acceptable   1. Sirect Address (P.O. Box Number is Not Acceptable   1. Sirect Address (P.O. Box Number is Not Acceptable   1. Sirect Address (P.O. Box Number is Not Acceptable   1. Sirect Address (P.O. Box Number is Not Acceptable   1. Sirect Address (P.O. Box Number is Not Acceptable   1. Sirect Address (P.O. Box Number is Not Acceptable   1. Sirect Address (P.O. Box Number is Not Acceptable   1. Sirect Address (P.O. Box Number is Not Acceptable   1. Sirect Address (P.O. Box Number is Not Acceptable   1. Sirect Address (P.O. Box Number is Not Acceptable   1. Sirect Address (P.O. Box Number is Not Acceptable   1. Sirect Address (P.O. Box Number is Not Acceptable   1. Sirect Address (P.O. Box Number is Not Acceptable   1. Sirect Address   1. Sirect Address	Story ZTH AVE S GULFPORT FL 33707  of Business  3. Mailing Address  c:   Suite, Apt. #, otc.   Check Highe if Making C City & State   4. FEI Number 59-3544573  Country   Zip   Country   5. Certificate of Status Desired   \$\frac{5}{2} \text{Final Number S9-3544573}  Name and Address of Current Registered Agent   7. Name and Address of Name Registered Agent   Name   Name	of Business  3. Mailing Address  C. Sulta Apt. #, occ.   CHECK HERE IF MAKING CHANGES  C. Country Zip Country  Jo Country 5. Certificate of Status Desired	

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: