

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90048 046 \*\*\*150.00

**DOCUMENT #** P99000021932

**1. Entity Name**  
*Miceli Brothers, Inc.*

**Principal Place of Business** **Mailing Address**  
*11660 East Colonial Drive PO Box 5078*  
*Orlando FL 32817 Winter Gardens FL*  
*32793*

770205

**2. Principal Place of Business** **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

**4. FEI Number** *59-3577471* **Applied For**  
☒ **Not Applicable**

**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**

*Shepard, James E*  
*1450 State Road 434 West STE 200*  
*Longwood, FL 32750*

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

DO NOT WRITE IN THIS SPACE

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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** **\$5.00 May Be**  
 Trust Fund Contribution. ☐ **Added to Fees**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>1. OFFICER/DIRECTOR</b> TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete	<b>2. OFFICER/DIRECTOR</b> TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete	<b>3. OFFICER/DIRECTOR</b> TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete	<b>4. OFFICER/DIRECTOR</b> TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete
<b>5. OFFICER/DIRECTOR</b> TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete	<b>6. OFFICER/DIRECTOR</b> TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete	<b>7. OFFICER/DIRECTOR</b> TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete	<b>8. OFFICER/DIRECTOR</b> TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete
<b>9. OFFICER/DIRECTOR</b> TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete	<b>10. OFFICER/DIRECTOR</b> TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete	<b>11. OFFICER/DIRECTOR</b> TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete	<b>12. OFFICER/DIRECTOR</b> TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Delete

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

*4/26/01*

Date

*407 924-2771*

Daytime Phone #

CR2E034 (1/100)