FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90066 049 ***550.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021932

1. Entity Name
MICELI BROTHERS, INC.

Principal Place of Business	Mailing Address
11660 EAST COLONIAL DRIVE ORLANDO, FL 32817	P.O. BOX 5078 WINTER PARK, FL 32793

[redacted]

2. Principal Place of Business		3. Mailing Address	
		390 Devon PL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Heathrow FL ~~32746~~	
Zip	Country	Zip: 32746	Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number	Applied For
59-3577471	Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEPHERD, JAMES E
1450 STATE ROAD 434 WEST STE. 200
LONGWOOD, FL 32750

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MICELI, JEFFREY A 6716 ALOMA AVE WINTER PARK, FL 32792	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST MICELI, JEFFREY A 390 Devon PL Heathrow, FL 32746	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MICELI, MICHAEL A 6716 ALOMA AVE. WINTER PARK, FL 32792	☐ 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey A. Miceli 6/26/03 (720) 394-5585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #