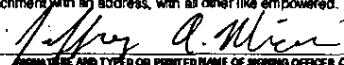


FILED
Sep 10, 2003 8:00 am
Secretary of State

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 11660 EAST COLONIAL DRIVE ORLANDO, FL 32817		Mailing Address P.O. BOX 5078 WINTER PARK, FL 32793	
2. Principal Place of Business		3. Mailing Address 390 Devon PL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Heathrow FL 32746		4. FEI Number 59-3577471	
Zip 32746	Country USA	Applied For 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 32760		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 32746 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 not applicable (if OFFE Registered Agent's signature required when electing) DATE			
		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
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
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: 		6/26/03 (720) 394-5585	
Typed Name and Typed or Printed Name of Signing Officer or Director		Date	

CR2E034 (10/02)