

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2001 8:00 am**  
**Secretary of State**

09-14-2001 90032 004 \*\*\*550.00

**DOCUMENT # P99000033658**

1. Entity Name  
**MICA SERVICES, INC.**

Principal Place of Business  
**801 NORTH LAKESIDE DRIVE  
 DESTIN FL 32541**

Mailing Address  
**801 NORTH LAKESIDE DRIVE  
 DESTIN FL 32541**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**542 Tacoma**  
 Suite, Apt. #, etc.

3. Mailing Address  
**542 Tacoma**  
 Suite, Apt. #, etc.

City & State  
**Deltona FL**  
 Zip **32725** Country **USA**

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**Deltona FL**  
 Zip **32725** Country **USA**

4. FEI Number **59-3570951**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MCGILL, ROBERT E III  
 36008 EMERALD COAST PARKWAY STE. 301  
 DESTIN FL 32541**

**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.

SIGNATURE \_\_\_\_\_ (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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GIBSON, THOMAS</b>	
STREET ADDRESS	<b>801 N LAKESIDE DR. PO BOX 900</b>	
CITY-ST-ZIP	<b>DESTIN FL 32541 APO, AL 96555</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>GIDSON, MARYELLEN</b>	
STREET ADDRESS	<b>801 N LAKESIDE DR. PO BOX 900</b>	
CITY-ST-ZIP	<b>DESTIN FL 32541 APO, AL 96555</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** *Maryellen* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8 Sep 2001*  
 Date

Daytime Phone #

CP2E034 (5/01)