

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90211 026 ***150.00

DOCUMENT # P99000035780

1. Entity Name
MICHELE'S TELEPHONE ANSWERING SERVICE
INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3010 MANATEE AVENUE W.
Suite, Apt. #, etc.

3. Mailing Address
3010 MANATEE AVENUE W
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BRADENTON FL

City & State
BRADENTON FL

4. FEI Number
65-0129484

Applied For
Not Applicable

Zip
34205

Country
MANATEE

Zip
34205

Country
MANATEE

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
COLE, MICHELE

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

3010 MANATEE AVENUE WEST

City
BRADENTON

FL

Zip Code
34205

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 *Michele E Cole*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/13

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
COLE, MICHELE
3010 MANATEE AVENUE WEST
BRADENTON FL 34205

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Michele E Cole*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/13 941 747 1993
Date Daytime Phone #

CR2E034B (12/02)