

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037448

1. Entity Name
MICHELLE L. SHERWOOD, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90123 020 ***150.00

Principal Place of Business
11327 119TH TERRACE NORTH
LARGO FL 33778

Mailing Address
11327 119TH TERRACE NORTH
LARGO FL 33778

UUUJZJ01



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
940 Clearwater-Largo - Rd.

3. Mailing Address
11327-119th Ten N.

Suite, Apt. #, etc.
102

Suite, Apt. #, etc.
X

City & State
Largo, FL.

City & State
Largo FL.

4. FEI Number 59-3572323

Applied For
Not Applicable

Zip 33770 Country Pinellas

Zip 33778 Country Pinellas

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

6. Name and Address of Current Registered Agent

SHERWOOD, MICHELLE L
11327 119TH TERRACE NORTH
LARGO FL 33778

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 Michelle Sherwood DATE April 30, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 P
NAME SHERWOOD, MICHELLE L
STREET ADDRESS 11327 119TH TERRACE NORTH
CITY-ST-ZIP LARGO FL 33778 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Michelle Sherwood DATE April 30, 2001 727-5859769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)