

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043635

1. Entity Name

MICHAELS INSURANCE AGENCY, INC.

Principal Place of Business

5944 34TH STREET NORTH STE. 25  
ST. PETERSBURG FL 33714

Mailing Address

5944 34TH STREET NORTH STE. 25  
ST. PETERSBURG FL 33714-1257

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

99-3578019

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

STULL, R J  
602 SOUTH BOULEVARD  
TAMPA FL 33606

7. Name and Address of New Registered Agent

Name

Shirley Michaels

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

5944 34th Street N, Ste 25

City

St. Petersburg

FL

Zip Code

33714

8. The above named party submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Shirley Michaels*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/00

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, 2000 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 D  
NAME MICHAELS, SHIRLEY  
STREET ADDRESS 5944 34TH STREET NORTH STE. 25  
CITY-ST-ZIP ST. PETERSBURG FL 33714

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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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

*Shirley Michaels*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/7/00

Daytime Phone #

127528-1401



DO NOT WRITE IN THIS SPACE

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90011 010 \*\*\*150.00

CR2E034 (9/99)