

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90458 004 ***150.00

DOCUMENT # P99000065091



1. Entity Name
MIKE LILLEY MOBILE MECHANIC AND WELDING SERVICE, INC.

Principal Place of Business
**585 S WLLIS RANCH ROAD
FELDA FL 33930**

Mailing Address
**P O BOX 308
FELDA FL 33930**

2. Principal Place of Business

3. Mailing Address

3620 S. Felda Loop Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Felda FL

Zip

Country

Zip

Country

33530 Hendry

4. FEI Number **65-0941259**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LILLEY, LISA J
585 S WLLIS RANCH ROAD
FELDA FL 33930**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Lisa J. Lilley
(NOTE: Registered Agent Signature required when reinstating)

2-10-03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D LILLEY, D MICHAEL SR PO BOX 308 N/A FELDA FL 33930 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D LILLEY, LISA J PO BOX 308 N/A FELDA FL 33930 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
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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:

Lisa J. Lilley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-03
Date

863-675-9453
Daytime Phone #

CR2E034 (10/02)