

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073612

1. Entity Name

MICHAEL VANCE, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90144 002 ***150.00

Principal Place of Business

Mailing Address

C/O MICHAEL V. RAKESTRAW
2333 FEATHER SOUND DRIVE, UNIT C-606
CLEARWATER FL 33762

C/O MICHAEL V. RAKESTRAW
2333 FEATHER SOUND DRIVE, UNIT C-606
CLEARWATER FL 33762-3082



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O MICHAEL V. RAKESTRAW

3. Mailing Address

C/O MICHAEL V. RAKESTRAW

Suite, Apt. #, etc.

515 SEVERN AVE

Suite, Apt. #, etc.

515 SEVERN AVE

City & State

TAMPA, FL

City & State

TAMPA FL

4. FEI Number

59-3597988

Applied For

Not Applicable

Zip

33606

Country

Hillsborough

Zip

33606

Country

Hillsborough

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

RAKESTRAW, MICHAEL V
TROPICAL REALTY APPRAISAL SERVICES
8902 NORTH DALE MABRY HIGHWAY SUITE 105
TAMPA FL 33614

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

Michael V. Rakestraw

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

(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 \$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	<input type="checkbox"/> Delete
NAME	RAKESTRAW, MICHAEL V	
STREET ADDRESS	2333 FEATHER SOUND DRIVE UNIT C-606	
CITY-ST-ZIP	CLEARWATER FL 33762	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAKESTRAW, MICHAEL V.	
STREET ADDRESS	515 SEVERN AVE	
CITY-ST-ZIP	TAMPA FL 33606	
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		
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:

Michael V. Rakestraw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/00

Date

813 563 6211

Daytime Phone #

CR2E034 (9/99)