

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90119 025 \*\*\*150.00

**DOCUMENT # P99000073612**

1. Entity Name  
**MICHAEL VANCE, INC.**

Principal Place of Business  
**C/O MICHAEL V. RAKESTRAW  
515 SEVERN AVE  
TAMPA FL 33606**

Mailing Address  
**C/O MICHAEL V. RAKESTRAW  
515 SEVERN AVE  
TAMPA FL 33606**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3597988**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SIGNATURE

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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **RAKESTRAW, MICHAEL V**  
STREET ADDRESS **515 SEVERN AVE**  
CITY-ST-ZIP **TAMPA FL 33606**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/15/02 8132545107**

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

#P99000073612

Michael Vance Inc.  
515 Severn Ave  
Tampa, FL 33606

August 20, 2002

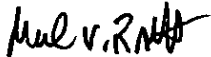
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Secretary of State:

I have enclosed the 2002 Uniform Business Report for Michael Vance Inc. ( FEI 59-3597988 ), along with a check for \$150.00, the original filing fee. I did not receive the prior notice (due May 1) and would like to have the late fee waived.

I can be reached at the above address or my cell phone number is 813 503 6711.

Thank You,



Michael V. Rakestraw  
President  
Michael Vance, Inc  
FEI 59-3597988