

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90968 019 ***150.00

DOCUMENT # P99000085648

1. Entity Name

MICHELLE AKERS, INC.

Principal Place of Business

Mailing Address

530 DOG TRACK ROAD
 LONGWOOD FL 32750

PO BOX 622053
 OVIEDO FL 32762-2053

2. Principal Place of Business

325 Oak Leaf Circle

3. Mailing Address

PMB 605 2875 S. Orange Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 500

City & State

Lake Mary, FL

City & State

Orlando, FL

4. FEI Number

59-3602326

Applied For

Not Applicable

Zip

32746

Country

USA

Zip

32806

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUTCHINS, ROBERT J
222 WEST COMSTOCK AVENUE SUITE 111
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name **Hutchins, Robert J.**
 Street Address (P.O. Box Number is Not Acceptable) **400 North Wymore Rd**
Suite 110
 City **Winter Park** **FL** **32789**

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 _____ DATE _____
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	AKERS, MICHELLE
STREET ADDRESS	530 DOG TRACK ROAD
CITY-ST-ZIP	LONGWOOD FL 32750
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	

TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Akers, Michelle
STREET ADDRESS	325 Oak Leaf Circle
CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alice Wassam
STREET ADDRESS	PMB 605 2875 S Orange Ave., Suite 500
CITY-ST-ZIP	Orlando, FL 32806
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: *Alice Wassam* **APPROVED** *April 28, 2000* *(407) 425-4826*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)