

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90043 029 \*\*\*150.00

**DOCUMENT # P99000085648**

1. Entity Name  
**MICHELLE AKERS, INC.**

Principal Place of Business  
**325 OAK LEAF CIRCLE  
 LAKE MARY FL 32746**

Mailing Address  
**PMB 605 2875 S ORANGE AVE  
 STE 500  
 ORLANDO FL 32806**



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 **59-3602326**

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

**HUTCHINS, ROBERT J  
 400 NORTH WYMORE ROAD  
 STE 110  
 WINTER PARK FL 32789**

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 \_\_\_\_\_ 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, 2001 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  Delete  
 NAME **DP AKERS, MICHELLE**  
 STREET ADDRESS **325 OAK LEAF CIRCLE**  
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **PMB 605 2875 S ORANGE AVE STE 500**  
 CITY-ST-ZIP **ORLANDO, FL 32806**

TITLE  Delete  
 NAME **V WASSAM, ALICE**  
 STREET ADDRESS **PMB 605 2875 S ORANGE AVE STE 500**  
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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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: *Michelle Akers* **4/25/01** **407-843-2865**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)