

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90039 017 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **309531**

1. Entity Name
Michaels Repair Service Inc. ✓

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2. Principal Place of Business 6906 Sheldon Rd Suite, Apt. #, etc.		3. Mailing Address - Same - Suite, Apt. #, etc.		4. FEI Number 59-3051904		Applied For <input type="checkbox"/> Not Applicable	
City & State TAMPA FL		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33615	Country U.S.	Zip	Country				

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7. Name and Address of Current Registered Agent

Name
Michael Reed

Street Address (P.O. Box Number is Not Acceptable)
6906 Sheldon Rd

City
TAMPA **FL** Zip Code
33615

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 Reed** DATE: **4-26-02**

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. **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	President / Director Michael Reed 6906 Sheldon Rd TAMPA FL 33615
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael Reed** DATE: **4-26-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #