2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **S63787** Apr 21, 2000 8:00 am Secretary of State 1. Entity Name DR. JACK A. MICELI, P.A. 04-21-2000 90004 033 ***150.00 Principal Place of Business Mailing Address 693 SW PORT ST. LUCIE BLVD. 690 GW PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34953 PORT ST: LUCIE FL 34053-1990 2. Principal Place of Business 3. Mailing Address 64 NE ELM TERRACE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0275004 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MICELI, JACK A. Street Address (P.O. Box Number is Not Acceptable) 693 SW PORT ST LUCIE BLVD PORT ST. LUCIE FL 34953 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DR ☐ Change ☐ Addition ☐ Delete TITLE TITLE MICELI, JACK A. NAME NAME 693-695 SW PORT ST LUCIE STREET ADDRESS STREET ADDRESS PORT ST. LUCIE FL CITY-ST-ZIP CITY - ST - ZIF Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete → TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change □ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 for supplemental deport is take 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 of these employers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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