

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Feb 26, 2003 8:00 am
Secretary of State

2/1

02-13-2003 90224 019 ***150.00

DOCUMENT # S73400

1. Entity Name
BIG MIKE'S, INC.



Principal Place of Business
2450 VULCAN RD
APOPKA FL 32703

Mailing Address
2450 VULCAN RD
APOPKA FL 32703

2. Principal Place of Business
BIG MIKE'S INC

3. Mailing Address **2450 VULCAN RD**
APOPKA FL 32703

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
APOPKA FL 32703

City & State
APOPKA FL 32703

Zip
32703

Country
ORANGE

Zip
FL 32703

Country
ORANGE

4. FEI Number **59-3079239**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MASSOUD, MAHBAI
2450 VULCAN RD
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name **MASSOUD, MAHBAI**

Street Address (P.O. Box Number is Not Acceptable)
2450 VULCAN RD

City **APOPKA** FL Zip Code **32703**

B. 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 *Massoud Mahbai* (NOTE: Registered Agent signature required when reinstating) DATE **02-20-03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MAHBAI, MASSOUD 2450 VULCAN RD APOPKA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD SOTOODEH, FIROOZEH 2450 VULCAN ROAD APOPKA FL 32703 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other officers empowered.

SIGNATURE: *Massoud Mahbai* **REQUIRED** Date **02-07-03** Daytime Phone # **(407) 291-9300**

CR2F000 (11/02)