

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V28930

1. Entity Name

MICHEL'S HOLDING COMPANY

Principal Place of Business

P.O. BOX 97
MARATHON FL 33050

Mailing Address

P.O. BOX 50-1155
MARATHON FL 33050-1155
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 510906

Suite, Apt. #, etc.

City & State

Key Colony Beach, FL.

Zip

33051-0906

Country

U.S.

4. FEI Number

65-0319510

Applied For

Not Applicable

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

Name

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

City

FL

Zip Code

CONLIN, JOHN W.
63 53RD STREET
OCEAN, MARATHON, FL. FL 33050

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PD	<input type="checkbox"/> Delete
NAME	MICHEL'S, KENNETH	
STREET ADDRESS	P.O. BOX 368 N/A	
CITY-ST-ZIP	WARRENDALE PA 15006	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DIEHN, JAN	
STREET ADDRESS	P.O. BOX 1155 N/A	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CONLIN, JOHN W	
STREET ADDRESS	63 53RD ST.	
CITY-ST-ZIP	MARATHON FL 33050-0097	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Kenneth J. Michels*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-00 412-877-8478
Date Daytime Phone #

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90130 023 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)