

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90079 025 \*\*\*150.00

**DOCUMENT # V58775**

1. Entity Name  
**MICHIGAN MANAGEMENT, INC.**

Principal Place of Business  
**222 NORTH OCEANFRONT  
SUITE 1707  
JACKSONVILLE FL 32250  
US**

Mailing Address  
**200 NORTH LAURA STREET  
SUITE 6  
JACKSONVILLE FL 32202  
US**

2. Principal Place of Business  
**222 North Oceanfront**

3. Mailing Address  
**222 North Oceanfront**

Suite, Apt. #, etc.  
**Suite 1707**

Suite, Apt. #, etc.  
**Suite 1707**

City & State  
**Jacksonville Beach, FL**

City & State  
**Jacksonville Beach, FL**

4. FEI Number  
**59-3138515**

Applied For  
☐ Not Applicable

Zip Country  
**32250 US**

Zip Country  
**32250 US**

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

## 6. Name and Address of Current Registered Agent

**F & L CORP  
200 N LAURA ST  
JAX FL 32202**

## 7. Name and Address of New Registered Agent

Name  
**Clifford Koschnick**  
Street Address (P.O. Box Number is Not Acceptable)  
**222 North Oceanfront  
Suite 1707**  
City **Jacksonville Beach** **FL** Zip Code **32250**

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  **Clifford Koschnick** **April , 2002**  
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, 2002 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

TITLE **PSD** ☐ Delete  
NAME **KOSCHNICK, CLIFFORD**  
STREET ADDRESS **222 N OCEANFRONT**  
CITY-ST-ZIP **JACKSONVILLE BCH FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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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:  **Clifford Koschnick** **April , 2002**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #