

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90081 047 \*\*\*158.75

UBR01/17/03 AR

**DOCUMENT # 832102**

1. Entity Name  
**R.T. MILORD CO.**



Principal Place of Business  
**9801 S. INDUSTRIAL DRIVE  
BRIDGEVIEW IL 60455**

Mailing Address  
**9801 S. INDUSTRIAL DRIVE  
BRIDGEVIEW IL 60455**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-2355396**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**MILORD, JEROME F  
3600 S CONGRESS AVE I  
BOYNTON BCH. FL 33426**

Name

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

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
VD	MILORD, JEROME	3600 S CONGRESS AVE I	BOYNTON BCH. FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	MILORD, PAUL J	9801 S INDUSTRIAL DR	BRIDGEVIEW, IL 00000	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MILORD, WILLIAM F	3600 S CONGRESS AVE I	BOYNTON BEACH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VSD	MILORD, KEVIN T.	9801 SO. INDUSTRIAL DR.	BRIDGEVIEW IL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	THOMAS, MICHAEL R	9801 S INDUSTRIAL DRIVE	BRIDGEVIEW IL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	MILORD, PHILIP J	9801 S INDUSTRIAL DRIVE	BRIDGEVIEW IL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

1/15/03

708-598-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)