


FILED
Jul 14, 2003 8:00 am
Secretary of State

06-09-2003 90115 028 ***150.00
 07-14-2003 90344 044 ***400.00

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

DOCUMENT # F11909			
1. Entity Name MILJOCO CORP.			
Principal Place of Business % C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324		Mailing Address % C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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		DATE	
[Signature]		[Date]	
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	TITLE	NAME
PST	TREPRICE, HOWARD M.		
STREET ADDRESS	44 BELLE MEADE	STREET ADDRESS	
CITY-STATE-ZIP	GROSSE POINTE SHORES, MI	CITY-STATE-ZIP	
VP	TREPRICE, HOWARD O.		
STREET ADDRESS	29064 PARKWAY CIRCLE	STREET ADDRESS	
CITY-STATE-ZIP	HARRISON TOWNSHIP, MI 48046	CITY-STATE-ZIP	
VPS	TREPRICE, BRENDA		
STREET ADDRESS	44 BELLE MEADE	STREET ADDRESS	
CITY-STATE-ZIP	GROSSE PT. SHORES, MI	CITY-STATE-ZIP	
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 the empowered.			
SIGNATURE: <i>[Signature]</i> H.M. TRERICE		x6-4-03 586.777 4280	

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CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2047038** Applied For Not Applicable

8. Certificate of Status Desired \$8.75 Additional Fee Required

CHREC04 (1/02)