2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000072538 **DOCUMENT #**

1. Entity Name

MILAM & HOWARD, P.A.

SIGNATURE:



FILED Feb 25, 2003 8:00 am Secretary of State 02-25-2003 90114 041 ***150.00

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Principal Place of Business 50 NORTH LAURA STREET SUITE 2900 JACKSONVILLE FL 32202			Mailing Address 50 NORTH LAURA STREET SUITE 2900 JACKSONVILLE FL 32202											
2. Principal Place of Business				3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State			City & State				4.	4. FEI Number 59-3660766				Applied For Not Applicable		
Zip		Country	Zip		Country		5.	Certificate	of Status	Desired		8.75 A	dditional	
	6. Name ar	nd Address of Current	Register	ed Agent	_:.		7.	Name and	d Address	of New Ro	gistered A			
				<u></u>	N	ame								
	, G. Alan					Street Address (P.O. Boy Number in Niet Appendig 197							F	
50 NORTI	h laura stre	EET SUITE 2900				Street Address (P.O. Box Number is Not Acceptable)								
JACKSON	WILLE FL 3220)2									· · · · · · · · · · · · · · · · · · ·			
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. T		-				•					FL	1		
the obliga	e named entity si ations of registers	ubmits this statement for	the purp	ose of changing its	registered of	fice or re	egistered ag	gent, or bo	th, in the S	tate of Flor	rida. I am fa	miliar with	, and accept	
. *	and or registere	o agont.												
SIGNATURE !		rinted name of registered agent a												
- A			-	I (NOTE	Registered Ager	nt signature	required when re	einstating)			DATE			
,		FEE IS \$150.00						9 Ft	ection Can	npaign Fina	ancina	¢E /	00	
		Fee will be \$550.00 orida Department of	Ctata							ontribution			00 May Be	
	k rayable to ri	-												
10.	lpo.	OFFICERS AND [DIRECTO		11.		PWY PAG	DILIONS	/CHANGE	S TO OFFI	CERS AND I	DIRECTOR	RS IN 11	
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STREET ADDRESS		NURA STREET SUITE	2900		STREET ADD	RESS	50 N.	laų	ra s	十开	2900	2		
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NAME	NICANDRI, PE	TER E			NAME	ĮV	50 NL						*	
STREET ADDRESS	50 N LAURE	STREET, SUITE 2900			STREET ADD	incoo i "	<i>_</i>	· hui	uy .	ZI •77	1290			
CITY-ST-ZIP	JACKSONVILL		<u> </u>		CITY-ST-ZI		Tacks	<u> Onvi</u>	Ue.	1-3	220	2-		
TITLE	, , , , , , ,		,138	☐ Delete	TITLE			•	-1	,	[Change	☐ Addition	
NAME Street address	170	पुडात, ४)			NAME									
CITY-ST-ZIP		C 867 (919)	7		STREET ADD:									
TITLE	**************************************	Nichan Militier - Prince	E-		╂									
NAME	T. William N. C.	emerations of	. *	☐ Delete	· TITLE NAME						1	Change	☐ Addition	
STREET ADDRESS		EL HIAMAN	•	45 -	STREET ADDI	RESS								
CITY-ST-ZIP	OPERABLE	OTHER PERSONS -	- North state (married				na us Aribidopana	Marie State State State		e				
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AME				-3 0000	NAME						L	change	∐ Addition	
TREET ADDRESS					STREET ADD	RESS								
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of the cor	poration or the re	ormation supplied with the supplemental report is to eceiver or trustee denotes the supplement with an address, with an address and addr	rue and a rered to a	ocurate and that my	he exemption signature of s required by	n stated hall have Chapte	in Section 1 e the same le er 607, Florio	119.07(3)(egal effec da Statute	i), Florida S t as if mad s; and that	Statutes. I f e under oa my name a	urther certify th; that I am appears in E	that the in an officer Block 10 or	nformation or director Block 11 if	

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Date