

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90268 002 ***150.00

DOCUMENT # 446190

1. Entity Name
MILPAPCO, INC.

Principal Place of Business
100 RIVERSIDE AVENUE
P.O. BOX 41245
JACKSONVILLE FL 32203

Mailing Address
100 RIVERSIDE AVENUE
P.O. BOX 41245
JACKSONVILLE FL 32203



2. Principal Place of Business
425 NO LEE STREET
 Suite, Apt. #, etc.
#100

3. Mailing Address
P.O. BOX 41245
 Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL
 Zip
32204
 Country
U.S.

City & State
JACKSONVILLE, FL
 Zip
32203-1295
 Country
U.S.

4. FEI Number **59-1575311**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PAPPAS, TED P.
100 RIVERSIDE AVENUE
P.O. BOX 41245
JACKSONVILLE FL 32203

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
425 NO LEE STREET, #100
 City
JACKSONVILLE **FL** Zip Code
32204

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, 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 **P** ☐ Delete
 NAME **MILNE (DOUGLAS J.)**
 STREET ADDRESS **4595 LEXINGTON AVE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **SV** ☐ Delete
 NAME **PAPPAS, TED P.**
 STREET ADDRESS **100 RIVERSIDE AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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 **425 NO LEE STREET**
 CITY-ST-ZIP

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

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

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 NAME
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TITLE ☐ Change ☐ Addition
 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TED P. PAPPAS

Date

Daytime Phone #

904-598-0084

CR2E034 (9/01)