

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

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90143 011 ***550.00

0503872 AV

DOCUMENT # 460283
1. Entity Name
MILHART CONTRACTORS CORPORATION



Principal Place of Business
**3510 CRAFTSMAN BLVD
PO BOX 5498
LAKELAND FL 33807-5498
US**

Mailing Address
**3510 CRAFTSMAN BLVD
PO BOX 5498
LAKELAND FL 33807-5498
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1551746**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

**HARRELL, WILLIAM Y.
4910 LUCE RD.
LAKELAND FL 33813**

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 _____ (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	PD	<input type="checkbox"/> Delete
NAME	HARRELL, WILLIAM Y.	
STREET ADDRESS	4910 LUCE RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HARRELL, MARY LOUISE	
STREET ADDRESS	4910 LUCE RD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HASLEY, STEVEN J. SR	
STREET ADDRESS	675 E. HAINES BLVD.	
CITY-ST-ZIP	LAKE ALFRED FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELL, MARY E.	
STREET ADDRESS	4910 Luce Road	
CITY-ST-ZIP	Lakeland, FL 33813-2328	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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 like empowered.

SIGNATURE: *William Y. Harrell Pres.* **863-665-1321**
WILLIAM Y. HARRELL
Date **5-17-03** Daytime Phone #

CR2E034 (10/02)