

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90379 035 \*\*\*150.00

0026874 AV

**DOCUMENT # 506423**

**1. Entity Name**  
**DOUG MILNE COMPANY, INC.**



**Principal Place of Business**  
**4595 LEXINGTON AVE**  
**SUITE 400**  
**JACKSONVILLE FL 32210**

**Mailing Address**  
**4595 LEXINGTON AVE**  
**SUITE 400**  
**JACKSONVILLE FL 32210**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
**59-1691862**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**MILNE, DOUGLAS J**  
**4595 LEXINGTON AVE.**  
**JACKSONVILLE FL 32210**

**7. Name and Address of New Registered Agent**

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

**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**

**TITLE** PD ☐ Delete  
**NAME** MILNE, DOUGLAS J  
**STREET ADDRESS** 4595 LEXINGTON AV  
**CITY-ST-ZIP** JACKSONVILLE FL

**TITLE** ST ☐ Delete  
**NAME** WELLS, MARIE  
**STREET ADDRESS** 4595 LEXINGTON AV  
**CITY-ST-ZIP** JACKSONVILLE FL

**TITLE** VD ☐ Delete  
**NAME** MILNE, JACK F  
**STREET ADDRESS** 4595 LEXINGTON AV  
**CITY-ST-ZIP** JACKSONVILLE FL

**TITLE** V ☐ Delete  
**NAME** EVANS, WM H  
**STREET ADDRESS** 4595 LEXINGTON AV  
**CITY-ST-ZIP** JACKSONVILLE FL

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition

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**TITLE** ☐ Change ☐ Addition

**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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:**

**DOUG MILNE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)