

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 623613

1. Entity Name

THE MILFORD CORPORATION

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90320 009 \*\*\*150.00

Principal Place of Business  
3870 TAMPA RD  
SUITE D  
OLDSMAR FL 34677  
US

Mailing Address  
3870 TAMPA RD  
SUITE D  
OLDSMAR FL 34677-3120  
US

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip

City & State  
Zip

4. FEI Number 59-2005878  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
BLEAKLEY, DALE E  
2957 EAGLE ESTATES CIRCLE E.  
CLEARWATER FL 34621

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.

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, 2000 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	TD	<input type="checkbox"/> Delete
NAME	ANSLEY, SHARON K	
STREET ADDRESS	1307 WESLEY PLACE, N.W.	
CITY-ST-ZIP	ATLANTA, GA 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BLEAKLEY, DALE E.	
STREET ADDRESS	2957 EAGLE ESTATES E.	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BLEAKLEY, KENT A	
STREET ADDRESS	P. O. BOX 1781 N/A	
CITY-ST-ZIP	WHITE SALMON WA	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BLEAKLEY, DONALD E	
STREET ADDRESS	45 KATHERINE BLVD APT 525	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	DENNARD, ROBERT L.	
STREET ADDRESS	1545 OAK LAKE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	HARTING, DORIS	
STREET ADDRESS	1319 FLORIDA AVE	
CITY-ST-ZIP	PALM HARBOR FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an attachment with an address, with all other like empowered.

SIGNATURE: DALE E. BLEAKLEY 4-26-00 813-855-5704  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)