

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000994

1. Entity Name

MILFORD MOTORS, INC.

Principal Place of Business

5686 YOUNGQUIST RD
#13
FT MYERS FL 33912
US

Mailing Address

16520 S TAMiami TRL
#18-311
FT MYERS FL 33908-4569
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

16520 S TAMiami TR #18

PMB 311

FT MYERS FL

33908

LEE

6. Name and Address of Current Registered Agent

CASTO, GEORGE R
16520 S TAMiami TR #18-311
FT MYERS FL 33908

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

16520 S TAMiami TR #18

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 PD
NAME CASTO, GEORGE R
STREET ADDRESS 24390 WOODSAGE DR
CITY-ST-ZIP BONITA SPRGS FL ☐ Delete

TITLE STD
NAME CASTO, CONNIE E
STREET ADDRESS 24390 WOODSAGE DR
CITY-ST-ZIP BONITA SPRGS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. 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

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 an attachment with an address, with all other like empowered.

SIGNATURE:

CONNIE E CASTO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-00 941-482-8822

FILED

Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90247 021 ***158.75

00004000



DO NOT WRITE IN THIS SPACE

4. FEI Number

35-1645251

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required