

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90143 005 \*\*\*158.75

**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 TR #18  
 PMB 311  
 FT MYERS FL 33908  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**11230 PALM BEACH BLVD**

Suite, Apt. #, etc.

3. Mailing Address

**11230 PALM BEACH BLVD**

Suite, Apt. #, etc.

City & State

**FT MYERS, FL**

City & State

**FT MYERS, FL**

4. FEI Number

**35-1645251**

Applied For

Not Applicable

Zip

**33905**

Country

**LEE**

Zip

**33905**

Country

**LEE**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CASTO, GEORGE R**

**16520 S TAMiami TR #18**

**PMB 311**

**FT MYERS FL 33908**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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**

1. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CASTO, GEORGE R	
STREET ADDRESS	24390 WOODSAGE DR	
CITY-STATE-ZIP	BONITA SPRGS FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CASTO, CONNIE E	
STREET ADDRESS	24390 WOODSAGE DR	
CITY-STATE-ZIP	BONITA SPRGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PMB 311 16520 S. TAMiami TR #18	
CITY-STATE-ZIP	FT MYERS, FL 33908	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	PMB 311 16520 S. TAMiami TR #18	
CITY-STATE-ZIP	FT MYERS, FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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

**2-4-02**

Date

**941-482-8822**

Daytime Phone #

CR2E034 (9/01)