FILED

2003 FOR PROFIT CORPORATION

Apr 23, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # G15356 1. Entity Name 04-23-2003 90270 039 ***150.00 MILDEN ENTERPRISES, INC. Principal Place of Business Mailing Address 2285 CURLEW RD. 2285 CURLEW RD. PALM HARBOR FL 34683-6802 PALM HARBOR FL 34683-6802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2290469 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NEALE, RICHARD H. Street Address (P.O. Box Number is Not Acceptable) 2285 CURLEW ROAD PALM HARBOR FL 34683 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ☐ Addition ☐ Delete NEALE, RICHARD H. NAME NEALE, RICHARD H. NAME 1915 CÁROINAL ROAD STREET ADDRESS 1915 CARDINAL RD STREET ADDRESS DUNEDIN, FL. 34698 CITY-ST-ZIP -PALM HARBOR FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NEALE, FRANCES A. NAME NEALE, FRANCES A. NAME 1915 CARDINAL Road STREET ADDRESS STREET ADDRESS 1915 CARDINAL RD CITY-ST-ZIP CITY-ST-7IP DUNEDIN, FL. 34698 Palm Harbor Fl TITLE ☐ Delete TITLE Change **∑**Addition NEALE, EMILY NAME STREET ADDRESS STREET ADDRESS DUNEDIN, FL. 34698 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete Addition

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 attachmer

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP