

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G33132

1. Entity Name

MILLATHANE, INC.

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90055 032 ***158.75

Principal Place of Business

5260 113TH AVENUE NORTH
P. O. BOX 17225
CLEARWATER FL 33670
US

Mailing Address

4370 112TH TERRACE N
CLEARWATER FL 33762-4902
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2277920

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLINGEL, ROBERT R.
5260 113TH AVENUE, NORTH
CLEARWATER FL 33670

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME KLINGEL, ROBERT R.
STREET ADDRESS 15530 GULF BLVD.
CITY-ST-ZIP REDINGTON BEACH FL 33708 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME KLINGEL, DIANE M
STREET ADDRESS 15530 GULF BLVD.
CITY-ST-ZIP REDINGTON BEACH FL 33708 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME TOTTLE, DAVID J
STREET ADDRESS 5044 KILKENNY COURT
CITY-ST-ZIP OLDSMAR FL 34677 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CD
NAME KLINGEL SR., WALTER C
STREET ADDRESS PO BOX 130 NA
CITY-ST-ZIP MORRISTON FL 32688 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David J. Tottle

3/15/00

Date

727-573-7676

Daytime Phone #