2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # G88823 Jan 12, 2000 8:00 am 1. Entity Name **Secretary of State** MILTON PLAZA, INC. 01-12-2000 90102 016 ***150.00 Mailing Address Principal Place of Business 1311 S VINELAND RD 1311 S VINELAND RD WINTER GARDEN FL 34787 WINTER GARDEN FL 34787-4342 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2420745 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROBB, PAMELA MILTON, ESQ. Street Address (P.O. Box Number is Not Acceptable) 1311 S VINELAND RD WINTER GARDEN FL 34787 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. DSP Addition Change ☐ Delete TITLE TITLE ROBB, PAMELA MILTON NAME STREET ADDRESS STREET ADDRESS 1311 S VINELAND RD CITY-ST-ZIP CITY-ST-ZIP WINTER GARDEN FL ☐ Change ☐ Addition ☐ Defete TITLE TITLE BENTON, EUNICE HOWZE M. NAME NAME STREET ADDRESS STREET ADDRESS 1706 BUENA VISTA RD CITY-ST-ZIP CITY-ST-ZIF WINSTON SALEM NC ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filips 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 trusted 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. If the III and the III are the III are the III and III are the III are

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.5.00 (407)1.54.0464