

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L37042****1. Entity Name****MILTON, LEACH & D'ANDREA, P.A.****MILTON, LEACH, D'ANDREA & L. AEE, P.A.****Principal Place of Business****% JOSEPH P. MILTON
1660 PRUDENTIAL DRIVE, SUITE 200
JACKSONVILLE FL 32207****Mailing Address****% JOSEPH P. MILTON
1660 PRUDENTIAL DRIVE, SUITE 200
JACKSONVILLE FL 32207****2. Principal Place of Business****815 S. MAIN ST.****3. Mailing Address**

Suite, Apt. #, etc.

SUITE 200

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL.

City & State

Zip

32202

Country

FLORIDA

Zip

Country

4. FEI Number 59-2982949

Applied For

Not Applicable

5. Certificate of Status Desired☐ **\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****MILTON, JOSEPH P.
1660 PRUDENTIAL DRIVE, SUITE 200
JACKSONVILLE FL 32207****7. Name and Address of New Registered Agent**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D MILTON, JOSEPH P. 4655 CORRIENTES CIR N JACKSONVILLE FL 32217	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEACH, ERIC L 2950 HERITAGE TRAIL JACKSONVILLE FL 32217	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V D'ANDREA, JAMES L 4808 OTTER CREEK LANE PONTE VEDRA BEACH 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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

Date

Daytime Phone #

**FILED
Mar 19, 2001 8:00 am
Secretary of State**

03-19-2001 90019 030 ***150.00



DO NOT WRITE IN THIS SPACE

0012834

CR2E034 (10/00)