

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L37042

1. Entity Name

MILTON, LEACH, D'ANDREA & RITTER, P.A.

MILTON, LEACH, WHITMAN, D'ANDREA, RITTER & CHAREK, P.A.

Principal Place of Business

815 S MAIN ST.
SUITE 200
JACKSONVILLE FL 32202

Mailing Address

% JOSEPH P. MILTON
1660 PRUDENTIAL DRIVE, SUITE 200
JACKSONVILLE FL 32207

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

*815 S. MAIN ST.**SUITE 200**JACKSONVILLE, FL.**3 2202**USA*

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

7. Name and Address of New Registered Agent

MILTON, JOSEPH P

815 S. MAIN ST., STE. 200
JACKSONVILLE FL 32207

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
	D	MILTON, JOSEPH P.	4855 CORRIENTES CIR N JACKSONVILLE FL 32217	
	V	LEACH, ERIC L	2950 HERITAGE TRAIL JACKSONVILLE FL 32217	
	V	D'ANDREA, JAMES L	4808 OTTER CREEK LANE PONTE VEDRA BEACH FL	
	V	WHITMAN, JOSHUA R.	8660 CATHEDRAL COVE RD. JACKSONVILLE, FL. 32217	
	V	RITTER, ANNETTE J.	2597 SCOTT MILL LANE JACKSONVILLE, FL. 32223	
				☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

02 MAY -7 PM 12: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

AC 5/10