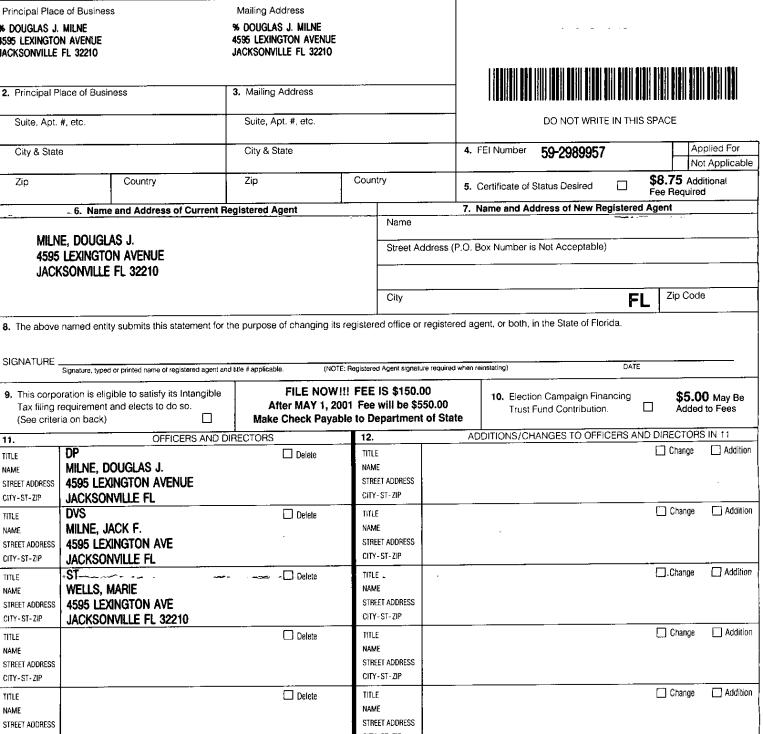
## 2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # L37045** DOUG MILNE OFFICES, INC. Principal Place of Business Mailing Address % DOUGLAS J. MILNE % DOUGLAS J. MILNE 4595 LEXINGTON AVENUE 4595 LEXINGTON AVENUE JACKSONVILLE FL 32210 JACKSONVILLE FL 32210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip Country - 6. Name and Address of Current Registered Agent

## **FILED** May 15, 2001 8:00 am Secretary of State

05-15-2001 90007 013 \*\*\*150.00



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.

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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MILNE, DOUGLAS J.

**4595 LEXINGTON AVENUE** JACKSONVILLE FL 32210

9. This corporation is eligible to satisfy its Intangible

MILNE, DOUGLAS J.

JACKSONVILLE FL

4595 LEXINGTON AVE

4595 LEXINGTON AVE

JACKSONVILLE FL 32210

JACKSONVILLE FL

ST----

WELLS, MARIE

MILNE, JACK F.

4595 LEXINGTON AVENUE

Tax filing requirement and elects to do so.

(See criteria on back)

11.

TITLE

TITLE

NAME

TITLE

NAME

TITLE NAME

NAME

TITLE

NAME STREET ADDRESS

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Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

SIGNATURE: Marie Wills Marie L SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marie Wells

Change

Addition