

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90131 016 \*\*\*150.00

**DOCUMENT # L81403**



1. Entity Name  
**MICHAEL J. MILLWARD, C.P.A., P.A.**

Principal Place of Business  
**320 SE MIZNER BLVD**  
**1105**  
**BOCA RATON FL 33432**  
**US**

Mailing Address  
**320 SE MIZNER BLVD**  
**1105**  
**BOCA RATON FL 33432**  
**US**



2. Principal Place of Business  
**33 E. Camino Real**

3. Mailing Address  
**33 E. Camino Real**

Suite, Apt. #, etc.  
**102**

CHECK HERE IF MAKING CHANGES

City & State  
**Boca Raton, FL**

City & State  
**Boca Raton, FL**

Zip  
**33432**

Country  
**USA**

4. FEI Number  
**65-0192940**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MILLWARD, MICHAEL J.**  
**20184 OCEAN KEY DR.**  
**BOCA RATON FL 33498**

7. Name and Address of New Registered Agent  
Name  
**Michael J. Millward**

Street Address (P.O. Box Number is Not Acceptable)  
**33 E. Camino Real #102**

City  
**Boca Raton** **FL** Zip Code  
**33432**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michael J. Millward* **1/29/03**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input type="checkbox"/> Delete	TITLE <b>Michael J. Millward</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MILLWARD, MICHAEL J.</b>		NAME <b>Michael J. Millward</b>	
STREET ADDRESS <b>320 SE MIZNER BLVD #1105</b>		STREET ADDRESS <b>33 E. Camino Real #102</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33432</b>		CITY-ST-ZIP <b>Boca Raton, FL 33432</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael J. Millward* **1/29/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)