

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000065505

1. Entity Name  
MILROSE COURT REPORTERS, INC.

Principal Place of Business  
2202 NORTH WESTSHORE BLVD..STE.200  
TAMPA FL 33607

Mailing Address  
2202 NORTH WESTSHORE BLVD..STE.200  
TAMPA FL 33607

2. Principal Place of Business  
3112 W. Azeele Street  
Suite, Apt. #, etc.

3. Mailing Address  
3112 W. Azeele Street  
Suite, Apt. #, etc.

City & State  
Tampa, FL  
Zip  
33609  
Country  
U.S.A.

City & State  
Tampa, FL  
Zip  
33609  
Country  
U.S.A.

4. FEI Number  
59-3658178  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
ROSE, BRENT A  
3800 CENTRAL AVE.  
ST. PETERSBURG FL 33711

7. Name and Address of New Registered Agent  
Name  
Brent Rose  
Street Address (P.O. Box Number is Not Acceptable)  
1204 - 14th Ave N.  
City  
St. Petersburg  
FL  
Zip Code  
33705

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 Brent Rose DATE 10/25/01  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	Vice President Brenda Rose 3112 W. Azeele St. Tampa, FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500004697005--4 -11/28/01--01051--008 ****750.00 ****750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Brenda Rose Vice President DATE 10/25/01 DAYTIME PHONE # 813-877-7442  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

01 OCT 30 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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