

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000082476**1. Entity Name
MILAN 3, INC.

Principal Place of Business

2521 ROOT DRIVE

ORLANDO
32835

FL

Mailing Address

2521 ROOT DRIVE

ORLANDO
32835

FL

2. Principal Place of Business

2521 ROAT DRIVE

3. Mailing Address

2521 ROAT DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO

FL

City & State

ORLANDO

FL

4. FEI Number

59-3674392

Applied For

Not Applicable

Zip
32835

Country

Zip
32835

Country

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

KG&L SERVICES, INC.

390 N ORANGE AVENUE SUITE 600

ORLANDO

32801

US

FL

7. Name and Address of New Registered Agent

Name

G&L AGENT SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)

390 N ORANGE AVENUE SUITE 600

City

ORLANDO

FL

Zip Code
32801

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 **ROBERT J. GRONEK, ESQ.**

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

(NOTE: Registered Agent signature required when reinstating)

04/30/2001

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING EDMOND	
STREET ADDRESS	2521 ROAT DRIVE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	MRS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR B.J.	
STREET ADDRESS	2521 ROAT DRIVE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	MR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR ERIC	
STREET ADDRESS	2521 ROAT DRIVE	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Eric Taylor**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mr.

04/30/2001

Date

Daytime Phone #

CR2E034 (11/00)