

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

DOCUMENT # **P01000003128**

1. Entity Name  
**B. MILTON, INC.**



Principal Place of Business  
**203 SOUTH PARSONS AVENUE  
BRANDON FL 33511**

Mailing Address  
**203 SOUTH PARSONS AVENUE  
BRANDON FL 33511**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3692595**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**PIERCE, M. WEBSTER  
203 SOUTH PARSONS AVENUE  
BRANDON FL 33511**

Name

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

City

**FL** Zip Code

7. Name and Address of New Registered Agent

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

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  **\$5.00** May Be  
Trust Fund Contribution.  Added to Fees

10. OFFICERS AND DIRECTORS

		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete	TITLE
NAME	<b>WIGHTMAN, BRET</b>		NAME
STREET ADDRESS	<b>1741 SHADY LEAF DRIVE</b>		STREET ADDRESS
CITY-ST-ZIP	<b>VALRICO FL 33594</b>		CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
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TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

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.

CR2E034 (10/02)

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #