

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90042 029 ***150.00

DOCUMENT # P01000040651
1. Entity Name
Mil-Con Investments, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5040 Weigela Terr.
Suite, Apt. #, etc.
Jacksonville, FL
City & State
Zip 32244 Country USA

3. Mailing Address
P.O. Box 14417
Suite, Apt. #, etc.
Jacksonville, FL
City & State
Zip 32238 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3722276
Applied For
☐ **Not Applicable**

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Cheryl Miller
Street Address (P.O. Box Number is Not Acceptable)
5040 Weigela Terr.
City Jacksonville **FL** **Zip Code** 32244

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 Cheryl Miller, President
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 3/4/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	President Cheryl Miller 5040 Weigela Terr. Jacksonville, FL 32244	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE Cheryl Miller, President
Signature and typed or printed name of signing officer or director
DATE 3/4/02
Daytime Phone #

CR2034B (12/01)