

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2003 8:00 am**  
**Secretary of State**

03-05-2003 90051 022 \*\*\*150.00

DOCUMENT # P01000042088

1. Entity Name  
MILFORD DOLLAR STORE, INC.



Principal Place of Business  
519 BRIGHTON WAY  
CASSELBERRY FL 32707

Mailing Address  
519 BRIGHTON WAY  
CASSELBERRY FL 32707

2. Principal Place of Business  
6812 Silver star Rd

3. Mailing Address  
6812 Silver star Road

Suite, Apt. #, etc.  
Orlando FL

Suite, Apt. #, etc.  
Orlando FL

City & State

City & State

4. FEI Number 59-3733943

Applied For  
Not Applicable

Zip 32818

Country

Zip 32818

Country

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILFORD, MARIE G  
519 BRIGHTON WAY  
CASSELBERRY FL 32707

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	D	<input type="checkbox"/> Delete
NAME	MILFORD, MARIE G	
STREET ADDRESS	519 BRIGHTON WAY	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILFORD, LOUIS	
STREET ADDRESS	519 BRIGHTON WAY	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Marie G Milford PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/07/03  
Date

407-381-1549  
Daytime Phone #

CR2E034 (10/02)