

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

01-27-2003 90200 026 ***150.00
P01000050723

DOCUMENT # P01000050723

1. Entity Name

MILLIKIN & WHITTEN, P.A.

JEAN E. MILLIKIN, CPA, P.A.



FILED

03 FEB 10 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FL 32399

Principal Place of Business
1000 S BELCHER RD UNIT B-14
LARGO FL 33771

Mailing Address
1000 S BELCHER RD UNIT B-14
LARGO FL 33771

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 59-3722232

Applied For

Not Applicable

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

MILLIKIN-NEUS, JEAN E
1000 S BELCHER RD UNIT B-14
LARGO FL 33771

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

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
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 ☐ Delete
NAME MILLIKIN-NEUS, JEAN E
STREET ADDRESS 13150 87TH PL N
CITY-ST-ZIP SEMINOLE FL 33776

TITLE PRESIDENT, DIRECTOR ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME WHITTEN, LORA L
STREET ADDRESS 11733 PINEDALE AVENUE
CITY-ST-ZIP SEMINOLE FL 33772

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

JEAN E. MILLIKIN-NEUS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03

(77) 536-7557

Daytime Phone #

CR2E034 (10/02)