

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90130 015 \*\*\*150.00

**DOCUMENT # P01000052282**

1. Entity Name  
**G. P. MILBY, INC.**



Principal Place of Business  
**409 N.W. 20TH STREET  
WILTON MANORS FL 33311**

Mailing Address  
**409 N.W. 20TH STREET  
WILTON MANORS FL 33311**

2. Principal Place of Business  
**SAME AS ABOVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**SAME AS ABOVE**  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1133938**

Applied For  
Not Applicable

Zip Country

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**ALLEN, GAIL  
409 N.W. 20TH STREET  
WILTON MANORS FL 33311**

## 7. Name and Address of New Registered Agent

Name **SAME**  
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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALLEN, GAIL 409 N.W. 20TH STREET WILTON MANORS FL 33311</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

**SIGNATURE:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **ALLEN, GAIL** **9/1/03 954-568-9226**  
Date Daytime Phone #

CR2E034 (4/03)

Attachment



G.P. MILBY, INC.

90154536  
#P01000052282

P.O. Box 24762  
Ft. Lauderdale, FL 33307

Local: 954-568-9226  
Fax: 954-563-8186  
Toll Free: 1-866-649-9916

To whom it may concern,

This is a request to waive the late filing  
fee due to non receipt of any prior notice.  
Thanking you for your consideration in this  
matter.

Yours truly,  
Paul Allen, Pres.