

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90021 008 ***150.00

DOCUMENT # P01000079866

1. Entity Name
MILKING R, INC.

Principal Place of Business Mailing Address
~~P.O. BOX 430~~ ~~P.O. BOX 430~~
OKEECHOBEE FL 34973 **OKEECHOBEE FL 34973**



DO NOT WRITE IN THIS SPACE

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 **65-1133955** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
TENEHOLTZ, JOHN S
1101 BRICKELL AVENUE
SUITE 33131
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name **Kris A. Rucks**
 Street Address (P.O. Box Number is Not Acceptable) **5803 Hwy 98 N**
 City **Okeechobee** FL Zip Code **34972**

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 DATE **2/25/2002**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
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	<input type="checkbox"/> Delete
NAME	D RUCKS, MACY S SR.
STREET ADDRESS	6900 HIGHWAY 98 NORTH
CITY-ST-ZIP	OKEECHOBEE FL 34972
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President
STREET ADDRESS	5804 Hwy 98 N
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice-President
STREET ADDRESS	Rucks, Macy S. Jr.
CITY-ST-ZIP	5803 Hwy 98 N Okeechobee, FL 34972
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Secretary/Treasurer
STREET ADDRESS	Kris A. Rucks
CITY-ST-ZIP	5803 Hwy 98 N Okeechobee, FL 34972
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASST. Secretary/Treasurer
STREET ADDRESS	Manda V. Rucks
CITY-ST-ZIP	5804 Hwy 98 N Okeechobee, FL 34972
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Date **2-21-02** Daytime Phone # **863-763-8103**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)