

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000080555

FILED
Apr 27, 2003
Secretary of State

Entity Name: MILTON INSURANCE GROUP, INC.

Current Principal Place of Business:

11730 NW 12TH STREET
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

11730 NW 12TH STREET
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 65-1134826

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAIGHT, PATRICIA A
11730 NW 12TH STREET
PEMBROKE PINES, FL 33026

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STRAIGHT, PATRICIA A
Address: 11730 NW 12TH STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: HIDALGO, EDDY C
Address: 11730 N. W. 12TH STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: STRAIGHT, PATRICIA A
Address: 11730 N. W. 12TH STREET
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
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Title: D () Delete
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City-St-Zip: PEMBROKE PINES, FL 33026

Title: D () Delete
Name: STRAIGHT, PATRICIA A
Address: 11730 N. W. 12TH STREET
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A. STRAIGHT

D

04/27/2003

Electronic Signature of Signing Officer or Director

Date