

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000120488

1. Entity Name

mile marker 0 INC.

FILED

**Jul 08, 2002 8:00 am
Secretary of State**

07-08-2002 90228 003 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3822 SE 12th Place

3. Mailing Address

3822 SE 12th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

Cape Coral FL

Zip

33904

Country

USA

Zip

33904

Country

USA

4. FEI Number

45-1113337

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name DAVID L. JEFFREY

Street Address (P.O. Box Number is Not Acceptable)

3822 SE 12th Place

City Cape Coral

FL Zip Code

33904

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP

D Jeffrey, David L
3822 12th Place S.E.
Cape Coral, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIR

7-2-02

239-992-6060

Date

Daytime Phone #

CR2E034B (12/01)



Attachment

119198

CPA

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American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

Certified Public Accountants

- Business & Personal Tax & Accounting
- Mortgages- Residential, SBA, Commercial

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Tuesday, July 02, 2002

RE: Mile Marker O, Inc.
3822 12th Place SE
Cape Coral, FL 33904

FEI: 41-2041918
DOC. # PO1000120488

Dear Sirs:

Please find my client's Uniform Business Report and check for \$150.00. The original report was not received. Mr Jeffrey did not receive the original Uniform Business Report. Please waive the penalty.

Thank you,

Respectfully,


Susan Rhodes for:
Hensley & Company, PA