

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000022722			
1. Entity Name MILKMAN TATTOOS, INC.			
Principal Place of Business 7524 MAHAFFEY DR NEW PORT RICHEY, FL 34653		Mailing Address 7524 MAHAFFEY DR NEW PORT RICHEY, FL 34653	
2. Principal Place of Business		3. Mailing Address 7754 DEER FOOT DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State NEW PORT RICHEY-FL.	
Zip		Country	
34653		PASCO	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORNICELLI, STEVEN 7524 MAHAFFEY DR NEW PORT RICHEY, FL 34653		Name	
7754 DEER FOOT DR. NEWPORT RICHEY FL. 34653		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 <i>Steve Cornicelli</i>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS CORNICELLI, STEVEN <input checked="" type="checkbox"/> Delete 7524 MAHAFFEY DR NEW PORT RICHEY, FL 34653	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CORNICELLI 7754 DEER FOOT DR. NEWPORT RICHEY FLORIDA 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORNICELLI, STEVEN <input checked="" type="checkbox"/> Delete 7524 MAHAFFEY DR NEW PORT RICHEY, FL 34653	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEVEN CORNICELLI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7754 DEER FOOT DR. NEWPORT RICHEY FLORIDA 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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)(f), 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 empowerments.			
SIGNATURE: <i>Steve Cornicelli</i>		DATE: 4/14/03 (707) 375-5268	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

90090833



CHECK HERE IF MAKING CHANGES

CR2EG04 (10/02)

Attachment 90090833
Doc # PO2000022722

April 14, 2003

Please make address change: Milkman Tattoos Inc. FIE#04-3609001
Steven Cornicelli
7754 Deerfoot Dr.
Newport Richey, FL. 34653