4/14/2003-90227-005-\$150.00-\$150.00

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

DOCU 1. Entity Nam MILCOMN	P02000			FILE:	M 2: 40		·	AV			
Principal Plac 4315 COLONI/ SUITE B BRADENTON I	AL CIRCLE	Mailing Address P.O. BOX 1038 BRADENTON FL 34206	06		SECRETARY UF STAIL TALLAHASSEE, FLORIDA						
Principal Place of Business     Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.			7	f 1687(108) til grift (1511 grift 6871) 9911, årlyd killy deliti gred			884) KINE 1441	
						☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4.	FEI Number Applied For Not Applied be				
Zip 4 Country			Zip	Zip Counti			Certificate of Status Desired			litional	1
	6. Name and	'Address of Current Re	alstered Agent			7.3	Name and Address of New Ro	gistered	Agent	<del></del>	1
			<u> </u>		Name			4.			] .
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4315 COLONIAL CIRCLE					Street Address	(P.O. E	Box Number is Not Acceptable	,			
SUITE B					<del></del>			<del></del>			1
BRADENTON FL 34208					City			FL	Zip Cod	<del></del>	┨
8. The above named entity submits this statement for the purpose of changing its register					<u> </u>				• <u> </u>		-
			ne purpose of changing it	s register	ed office or registe	ered ag	gent, or both, in the State of Flor	ida. Lam	tamiliar with,	and accept	
the onligat	ions of registered	agent.									
SIGNATURE .	Signature, typed or prin	ted name of registered agent and	title if applicable. (NO	TE: Registere	d Agent signeture require	ed when n	einstating) ·	DATE			
F	ILE NOW!!! F	FE IS \$150.00									1
G After	May 1, 2003 F	ee will be \$550.00					Selection Campaign Final     Trust Fund Contribution			O May Be to Fees	
	C Payable to Pic	rida Department of S						0500 4410	NOCOTOD		ļ
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indicated of the cor	i on this report or reporation or the re	supplemental report is tra ceiver of trustee empowe	ue and accurate and that	my signa t as requi	ture shall have the	same	119.07(3)(i), Florida Statutes. I legal effect as if made under o ida Statutes; and that my name	atn: that 🗀	am an onicer	Dr director	Ì