

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30093

1. Entity Name
MILCOMBE HOUSE INVESTMENTS LIMITED COMPANY

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90047 036 ***158.75

Principal Place of Business

Mailing Address

1 MAPLEGROVE DRIVE
OAKVILLE, ONTARIO L6J 4D8
CANADA L6J 4D8
US

1 MAPLEGROVE DRIVE
OAKVILLE, ONTARIO L6J 4D8
CANADA L6J 4D8
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

L6J-4T8

CANADA

L6J 4T8

CANADA

4. FEI Number 65-0210151

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, GARY K.
1100 FIFTH AVENUE SOUTH, SUITE 211
NAPLES FL 33940

Name

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	S	HARRIGAN, KENNETH W.	1 MAPLEGROVE DRIVE OAKVILLE, ONTARIO L6J-4T8	<input type="checkbox"/>
	P	HARRIGAN, MARGARET JEAN	1 MAPLEGROVE DRIVE OAKVILLE, ONTARIO L6J-4T8	<input type="checkbox"/>
	D	TOMLINSON, TARA L.	7 HARRERS CROFT UNIONVILLE, ONTARIO L3R-6L1	<input type="checkbox"/>
	D	HARRIGAN, STEPHEN C.	6826 SUMMER HEIGHTS MISSISSAUGUA ON L5N 7E7	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

M. Jean Harrigan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 19, 2001
Date

905-842-8506
Daytime Phone

CR2E034 (10/00)