

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90003 020 ***158.75

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 IN

DOCUMENT # P30093

1. Entity Name

MILCOMBE HOUSE INVESTMENTS LIMITED COMPANY

Principal Place of Business

**1 MAPLEGROVE DRIVE
 OAKVILLE, ONTARIO L6J 4T8
 CANADA ~~USA~~
 US**

Mailing Address

**1 MAPLEGROVE DRIVE
 OAKVILLE, ONTARIO L6J 4T8
 CANADA ~~USA~~
 US**

930881



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0210151

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2002 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
**S
 HARRIGAN, KENNETH W.
 1 MAPLEGROVE DRIVE
 OAKVILLE, ONTARIO L6J-4T8**



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P
 HARRIGAN, MARGARET JEAN
 1 MAPLEGROVE DRIVE
 OAKVILLE, ONTARIO L6J-4T8**



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 TOMLINSON, TARA L.
 7 HARPERS CROFT
 UNIONVILLE, ONTARIO L3R-6L1**



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 HARRIGAN, STEPHEN C.
 6826 SUMMER HEIGHTS
 MISSISSAUGUA ON L5-N7E7**



TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP



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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 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 6, 2002 *941-566-7715*
 Date Daytime Phone #

CR2E034 (9/01)