

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
 05-02-2002 90091 050 ***158.75

050813 AV

DOCUMENT # P93000039074

1. Entity Name
MILK & HONEY, INC.

Principal Place of Business
120 EDGEWOOD TERRACE
SANTA ROSA BEACH FL 32459
US

Mailing Address
P.O. BOX 1646
SANTA ROSA BEACH FL 32459
US

2. Principal Place of Business
4471 HUNTING TRAIL

3. Mailing Address
4471 HUNTING TRAIL

Suite, Apt. #, etc.

City & State
LAKE WORTH, FLORIDA

City & State
LAKE WORTH, FLORIDA

Zip Country
33467 PALM BEACH

4. FEI Number **59-3175753** Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent
HELLER, DONALD J
3696 BAY GROVE ROAD
FREEPORT FL 32439

7. Name and Address of New Registered Agent
 Name
DANIEL G. HELLER
 Street Address (P.O. Box Number is Not Acceptable)
4471 HUNTING TRAIL
 City
LAKE WORTH **FL** Zip Code
33467

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 *Daniel G. Heller Treas.* **DANIEL G. HELLER** **4/18/02**
 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. ☒ **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	P HELLER, DONALD J 3696 BAY GROVE ROAD FREEPORT FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition HELLER, DONALD J. 4471 HUNTING TRAIL LAKE WORTH, FL. 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HELLER, RICHARD C 3696 BAY GROVE ROAD FREEPORT FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition HELLER, RICHARD C. 4471 HUNTING TRAIL LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HELLER, DANIEL G 3696 BAY GROVE ROAD FREEPORT FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition HELLER, DANIEL G. 4471 HUNTING TRAIL LAKE WORTH, FL 33467
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

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: *D.J. Heller Pres.* **D.J. HELLER** **4/18/02** **561-969-7171**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)