

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

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90333 033 ***158.75

DOCUMENT # P93000039074

1. Entity Name

MILK & HONEY INC.



DO NOT WRITE IN THIS SPACE

14001418

2. Principal Place of Business

4471 HUNTING TRAIL

Suite, Apt. #, etc.

3. Mailing Address

4471 HUNTING TRAIL

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH, FLORIDA

City & State

LAKE WORTH, FLORIDA

4. FEI Number

59-3175753

Applied For

Not Applicable

Zip

33467

Country

PALM BEACH

Zip

33467

Country

PALM BEACH

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Daniel G. Heller Treas.

DANIEL G. HELLER

4/9/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT

NAME HELLER, DONALD J.

STREET ADDRESS 4471 HUNTING TRAIL
CITY-ST-ZIP LAKE WORTH, FLORIDA 33467

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE SECRETARY

NAME RICHARD C. HELLER

STREET ADDRESS 4471 HUNTING TRAIL
CITY-ST-ZIP LAKE WORTH, FLORIDA 33467

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE TREASURER

NAME DANIEL G. HELLER

STREET ADDRESS 4471 HUNTING TRAIL
CITY-ST-ZIP LAKE WORTH, FLORIDA 33467

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

DJ Heller Pres. D.J. HELLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04

Date

Daytime Phone #

561 969 7171

CR2E034B (12/02)