

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90601 048 ***150.00

FILED

DOCUMENT # P94000058517

1. Entity Name
THOMAS MILO ENTERPRISES, INC.



Principal Place of Business
**301 S FEDERAL HWY
BOCA RATON FL 33432**

Mailing Address
**301 S FEDERAL HWY
BOCA RATON FL 33432**

2. Principal Place of Business

**4920 Conference Way So.
Suite, Apt. #, etc.
BOCA RATON FLA
City & State**

3. Mailing Address

**SAME
Suite, Apt. #, etc.
AS ABOVE
City & State**



CHECK HERE IF MAKING CHANGES

City & State

Zip
33431

Country
P.B.

Zip

Country

4. FEI Number
65-0511647

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMAS, MILO SR
301 S FEDERAL HWY
BOCA RATON FL 33432**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **D** Delete
NAME **MILO, THOMAS JR**
STREET ADDRESS **18196 CLEARBROOK CIRCLE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** Delete
NAME **MILES, THOMAS SR**
STREET ADDRESS **301 S FEDERAL HWY**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PRESIDENT** Change Addition
NAME **THOMAS M. MILO SR.**
STREET ADDRESS **301 So. FEDERAL HWY**
CITY-ST-ZIP **BOCA RATON, FLA. 33432**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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 reports 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE M. Milo, Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/6/03** Daytime Phone # **997-1776**

CR2E034 (10/02)