

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90103 021 ***150.00

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DOCUMENT # P94000060566

1. Entity Name
MILLIE JANE SLOAN, P.A.



Principal Place of Business
**66 S. TYLER ST.
BEVERLY HILLS FL 34465**

Mailing Address
**66 S. TYLER ST.
BEVERLY HILLS FL 34465**

2. Principal Place of Business
2161 W. DORAL CT.
Suite, Apt. #, etc.

3. Mailing Address
2161 W. DORAL CT.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
DUNNELLO FL

City & State
DUNNELLO FL

4. FEI Number **59-3271841**

Applied For
Not Applicable

Zip
34434 Country
CITRUS

Zip
34434 Country
CITRUS

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

**SLOAN, MILLIE J
66 SOUTH TYLER STREET
BEVERLY HILLS FL 34465**

Name
No New Agent - Address Chg.

Street Address (P.O. Box Number is Not Acceptable)

2161 W DORAL CT

City **DUNNELLO**

FL

Zip Code
34434

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

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SLOAN, MILLIE J
66 SOUTH TYLER STREET
BEVERLY HILLS FL 34465** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Change ☐ Addition

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

SIGNATURE: **MILLIE J. SLOAN** **4/2/03** **352 7956811**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)