

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000062551

1. Entity Name

MILICAN TRANSPORT, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90016 040 ***150.00

Principal Place of Business

608 JEFFERSON AVENUE
LEHIGH ACRES FL 33936

Mailing Address

608 JEFFERSON AVE
LEHIGH ACRES FL 33972-4352
US

2. Principal Place of Business

606 Jefferson Ave

Suite, Apt. #, etc.

3. Mailing Address

606 Jefferson Ave

Suite, Apt. #, etc.

City & State

Lehigh Acres FL

Zip

33972

Country

US

City & State

Lehigh Acres FL

Zip

33972

Country

US

4. FEI Number

65-0511618

Applied For

Not Applicable

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

MILICAN, JAMES
608 JEFFERSON AVENUE
LEHIGH ACRES FL 33936

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	MILICAN, JAMES	
STREET ADDRESS	608 JEFFERSON AVENUE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: James W. Milican
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00
Date

941-369-5177
Daytime Phone #

CR2E034 (9/99)