

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90480 006 ***150.00

DOCUMENT # P97000031200



1. Entity Name
M.I.P. CENTER, INC.

Principal Place of Business
1500 COLONIAL BLVD.
~~SUITE 102~~
FT MYERS FL 33907

Mailing Address
1500 COLONIAL BLVD.
SUITE 103
FT MYERS FL 33907



2. Principal Place of Business

3. Mailing Address

1500 Colonial Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 102

Suite 102 of Pellegrino

City & State

City & State

Zip

Country

Zip

Country

33907

USA.

CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0855225

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

MILLIGAN, JOHN P JR
1500 COLONIAL BLVD.
SUITE 103
FT MYERS FL 33907

Name

Frances Szymanski c/o Pellegrino

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

1500 Colonial Boulevard

Suite 102

City

Ft. Myers

FL

Zip Code

33907

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

Frances Szymanski

3/14/03

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 Delete
NAME **D FULTON, CAROL**
STREET ADDRESS **11/18 SCHONLATERN GASSE A-1010**
CITY-ST-ZIP **VIENNA AUSTRIA**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D FULTON, WARREN**
STREET ADDRESS **11/18 SCHONLATERN GASSE A-1010**
CITY-ST-ZIP **VIENNA AUSTRIA**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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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 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:

John P. Jr. Milligan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 6 2003

Date

01143-1-5132264

Daytime Phone #

CR2E034 (10/02)