

# 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 102**  
City & State

Suite, Apt. #, etc.  
**Suite 102 of Pellegrino**  
City & State  
**FT Myers, FL**

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country  
**33907 USA.**

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

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

7. Name and Address of New Registered Agent

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 *Frances Szymanski*

DATE **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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FULTON, CAROL</b>
STREET ADDRESS	<b>11/18 SCHONLATERN GASSE A-1010</b>
CITY-ST-ZIP	<b>VIENNA AUSTRIA</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FULTON, WARREN</b>
STREET ADDRESS	<b>11/18 SCHONLATERN GASSE A-1010</b>
CITY-ST-ZIP	<b>VIENNA AUSTRIA</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Frances Szymanski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 6 2003

Date

01143-1-5132264

Daytime Phone #

CR2E034 (10/02)