

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000093098

1. Entity Name

MILCO ENTERPRISES, INC.

FILED

Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90113 018 ***150.00

Principal Place of Business

4865 GORHAM AVENUE
ORLANDO FL 32817

Mailing Address

4865 GORHAM AVENUE
ORLANDO FL 32817-3178

2. Principal Place of Business

3679 Derbyshire Rd

3. Mailing Address

3679 Derbyshire Rd

Suite, Apt. #, etc.

207

Suite, Apt. #, etc.

207

City & State

Casselberry, FL

City & State

Casselberry FL

Zip

32707

Country

Zip

32707

Country

4. FEI Number

59-3477821

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

MORAL, MILAGROS
4865 GORHAM AVENUE
ORLANDO FL 32817

Name

Moral, Milagros

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

3679 Derbyshire Rd #207

City

Casselberry

FL

Zip Code

32707

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

Milagros Moral

3-21-2000

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 PD
NAME MORAL, MILAGROS
STREET ADDRESS 4865 GORHAM AVENUE
CITY-ST-ZIP ORLANDO FL 32817 ☐ Delete

TITLE PD
NAME Moral, Milagros
STREET ADDRESS 3679 Derbyshire Rd #207
CITY-ST-ZIP Casselberry FL 32707 ☒ Change ☐ Addition

TITLE VD
NAME OWEN, CHRISTOPHER
STREET ADDRESS 4865 GORHAM AVENUE
CITY-ST-ZIP ORLANDO FL 32817 ☐ Delete

TITLE VD
NAME OWEN, Christopher
STREET ADDRESS 3679 Derbyshire Rd #207
CITY-ST-ZIP Casselberry FL 32707 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Christopher Owen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-2000

Date

Daytime Phone #

CR2E034 (9/99)