

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008232

1. Entity Name

TOM MILNER, INC.

**FILED**  
**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90009 045 \*\*\*150.00

Principal Place of Business

Mailing Address

C O JAMES M GUEST PA  
15600 SW 288 ST 310  
HOMESTEAD FL 33033

C O JAMES M GUEST PA  
15600 SW 288 ST 310  
HOMESTEAD FL 33033-1200

C/O James M. Guest PA C/O James M. Guest, PA

2. Principal Place of Business

3. Mailing Address

15600 SW 288 Street

15600 S.W. 288 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #201

Suite #201

City & State

City & State

Homestead, FL.

Homestead, FL.

Zip

Country

Zip

Country

33033

USA

33033

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0808720

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

GUEST, JAMES M PA  
15600 SW 288 ST  
#310-201  
HOMESTEAD FL 33033

Name

James Guest, P.A.

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

15600 S.W. 288 Street

Suite #201

City

Homestead

FL

Zip Code

33033

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 PD ☐ Delete  
NAME MILNER, TOM  
STREET ADDRESS 145600 SW 288 ST #310  
CITY-ST-ZIP HOMESTEAD FL 33033

TITLE PD ☒ Change ☐ Addition  
NAME milner, tom  
STREET ADDRESS 122 N.E. 17 Street  
CITY-ST-ZIP Homestead, FL. 33030

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-00

CR2E034 (9/99)