FILED

Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90565 025 ***150.00

2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name TOM MILNER, INC.

P98000008232



Zip Country Zip Country -5Certificate of Status Desired -5.8.75. Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GUEST, JAMES M PA 15600 SW 288 ST Street Address (P.O. Box Number is Not Acceptable) 5. 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 a the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent, and stile if applicable. (NOTE-Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete TITLE Delete TITLE MAME STREET ADDRESS STREET ADD				COD WE THE			
Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State City & State City & State Country Se. 75-Additional Not Applied Zip Country Zip Country -5Certificate of Status Desired Se. 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 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. Signature Suprature, hypotor printed rame of registered agent and the ill applicative. (NOTE: Registered Agent signature required when rematisting) DATE FILE NOW!!! FEE IS \$150.00 Atter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE Delete TITLE Delete TITLE Change INTER MME MILNER, TOM 122 NE 17 ST HOMESTEAD FL 33030 CITY-ST-2P TITLE Delete TITLE Change INTER NAME SIREET ADDRESS	122 NE 17 ST		122 NË 17 ST		- - 	EDINE 1830 MANOR MANOR 1884 1884	
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Signature:	City & State		City & State		4. FEI Number 65-0808720	Applied For Not Applicable	
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TITLE 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 supplied with the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii) stated in Section 119.07(3)(NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	which 110 OZ(QVI) Floring Comment (

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 outh; 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.

VICHAZUM DEGJIRED SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR