

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90151 029 ***150.00

DOCUMENT # P98000091537

1. Entity Name
MILICAN HOMES, INC.



Principal Place of Business
36432 AUSTIN SMITH ROAD
ZEPHYRHILLS FL 33541

Mailing Address
36432 AUSTIN SMITH ROAD
ZEPHYRHILLS FL 33541



2. Principal Place of Business

36432 Austin Smith Rd
Suite, Apt. #, etc.

3. Mailing Address

36432 Austin Smith Rd
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Zephyrhills, FL

Zip
33541

Country
Pasco

City & State
Zephyrhills, FL

Zip
33541

Country
Pasco

4. FEI Number **59-3541016**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MILICAN, ANTOINETTE N
36432 AUSTIN MILLS ROAD
ZEPHYRHILLS FL 33541

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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 Antoinette N Milican - VP **1-18-03**
Signature, typed or printed name of registered agent and title 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

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MILICAN, ANTHONY	
STREET ADDRESS	36432 AUSTIN SMITH ROAD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILICAN, ANTOINETTE N	
STREET ADDRESS	36432 AUSTIN SMITH ROAD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
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	

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: Sig Antoinette N Milican
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-03 **813-782-9318**
Date Daytime Phone #

CR2E034 (10/02)