

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000005367

FILED
Jul 29, 2003
Secretary of State

Entity Name: MILTON TIGUE MAINTENANCE AND REPAIR, INC.

Current Principal Place of Business:

2601 SOUTHERN OAKS PL.
PLANT CITY, FL 335672339

New Principal Place of Business:

Current Mailing Address:

2601 SOUTHERN OAKS PL.
PLANT CITY, FL 335672339

New Mailing Address:

FEI Number: 59-3555784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TIGUE, MILTON
2601 SOUTHERN OAKS PL.
PLANT CITY, FL 335672339

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TIGUE, MILTON
Address: 2601 SOUTHERN OAKS PL.
City-St-Zip: PLANT CITY, FL 335672339

Title: S () Delete
Name: HAMBLIN, MICHELE D
Address: 2601 SOUTHERN OAKS PL.
City-St-Zip: PLANT CITY, FL 335672339

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE HAMBLIN

S

07/29/2003

Electronic Signature of Signing Officer or Director

Date