

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000057295

1. Entity Name

JACK MILBERY, CPA, INC.

FILED
Jul 13, 2000 8:00 am
Secretary of State

05-22-2000 90017 027 ***150.00

Principal Place of Business

Mailing Address

1041 NW 110 AVENUE
 PLANTATION FL 33322

1041 NW 110 AVENUE
 PLANTATION FL 33322-7802

2. Principal Place of Business

3520 E. Tree Tops Court

Suite, Apt. #, etc.

3. Mailing Address

3520 E. Tree Tops Court

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Davie, FL

City & State

Davie, FL

4. FEI Number

65-0929342

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

33322

Zip

Country

33328

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILBERY, JACK M
 1041 NW 110 AVENUE
 PLANTATION FL 33322

Name

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

3520 E. Tree Tops Court

City Davie

FL

Zip Code 33328

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/00

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	PVD	<input type="checkbox"/> Delete
NAME	MILBERY, JACK	
STREET ADDRESS	1041 NW 110 AVENUE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

DATE

954-224-5621

Daytime Phone #

CR2E034 (9/99)