

Amended

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name **MILDAN, INC.**

P990000 80476

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN -9 AM 11:01

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

KAROL'S KORNER

Suite, Apt. #, etc.

2216 CRAWFORDVILLE HWY

City & State

CRAWFORDVILLE, FL

Zip

32326

Country

WAKULLA

3. Mailing Address

P.O. Box 1420

Suite, Apt. #, etc.

City & State

CRAWFORDVILLE FL

Zip

32326

Country

WAKULLA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3604841

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

MILDRED C. SHEPPARD

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

60 Dan's Dr.

City

CRAWFORDVILLE

FL

Zip Code

32327

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 **Mildred C. Sheppard** **MILDRED C. SHEPPARD PRES.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/9/03
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE **PRESIDENT**
NAME **MILDRED C. SHEPPARD**
STREET ADDRESS **P.O. Box 1420**
CITY-ST-ZIP **CRAWFORDVILLE, FL 32326**

TITLE **V. PRES**
NAME **NORMAN D. SHEPPARD**
STREET ADDRESS **P.O. Box 1420**
CITY-ST-ZIP **CRAWFORDVILLE, FL 32326**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Mildred C. Sheppard** **MILDRED C. SHEPPARD PRES.** **6/9/03** **850-926-1169**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)