

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101838

1. Entity Name

MILCO EQUIPMENT COMPANY, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90004 031 ***150.00

Principal Place of Business

Mailing Address

~~6 BLACKBERRY PLACE~~
~~PALM COAST FL 32137~~

~~6 BLACKBERRY PLACE~~
~~PALM COAST FL 32137~~

2. Principal Place of Business

601 S. STAE ST. (USA)

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 350477

Suite, Apt. #, etc.

City & State

Bunnell, FL

City & State

PALM COAST, FL

Zip

32110

Country

US

Zip

32135

Country

US

4. FEI Number

59-3614719

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, JOSEPH S
6 BLACKBERRY PLACE
PALM COAST FL 32137

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.

SIGNATURE

Joseph S. Miller

4-13-00

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
NAME PD
STREET ADDRESS MILLER, JOSEPH S
CITY-ST-ZIP 6 BLACKBERRY PLACE
PALM COAST FL 32137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME STD
STREET ADDRESS MILLER, MARGHERITA
CITY-ST-ZIP 6 BLACKBERRY PLACE
PALM COAST FL 32137

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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:

Joseph S. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-00

Date

904-437-2108

Daytime Phone #

CR2E034 (9/99)