

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90096 006 \*\*\*150.00

DOCUMENT # *P99000101838*

1. Entity Name

*MILCO EQUIPMENT COMPANY*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*601 S. STATE ST.*

3. Mailing Address

*PO BOX 1403*

Suite, Apt. #, etc.

*PO BOX 1403*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*BUNNELL, FL*

City & State

*BUNNELL, FL*

4. FEI Number

*59-3614719*

Applied For

Not Applicable

Zip

*32110*

Country

*USA*

Zip

*32110*

Country

*USA*

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

*Joe Miller*

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

*86 BAYSIDE DR.*

City

*PAIM COAST*

**FL**

Zip Code

*32137*

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

*[Signature]*

*PRESIDENT*

*JOE MILLER*

*2-25-03*

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*JOE MILLER*

*2-25-03*

*386-437-2108*

Date

Daytime Phone #

CR2E034B (12/02)

# Attachment

80080595

To whom it may concern:

I have already changed our address once when we did not receive our uniform business report last year. However it seems that it did not get changed at all this letter is to inform you as of the proper address. Our mailing address is as follows po box 1403 Bunnell, FL 32110. All info should be sent to this address, as they do not deliver mail on the street where we are physically located. If you would be so kind as to notify me as to the right address as this is the second time we have done this. If there are any questions feel free to contact me at 386-437-2108.

Kind Regards,  
Joe Miller