

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

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91204 045 \*\*\*150.00

**DOCUMENT #** V59575

1. Entity Name

E-Z RIGHT, INC.

**DO NOT WRITE IN THIS SPACE**

80124356

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. BOX 247

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 247

Suite, Apt. #, etc.

City & State

ZEPHYRHILLS, FL

City & State

ZEPHYRHILLS, FL

4. FEI Number

59-3136954

Applied For

Not Applicable

Zip

Country

33539

Zip

Country

33539

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

THOMAS P. MCALVANAH

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

5739 GALL BLVD

City

ZEPHYRHILLS

FL

Zip Code

33541

**DO NOT WRITE  
IN THIS SPACE**

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 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)

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
MILBURN, CRAIG  
6205 LULLABYE LANE  
ZEPHYRHILLS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ST  
MILBURN, MARSHA  
6205 LULLABYE LANE  
ZEPHYRHILLS FL

TITLE  
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CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Craig Milburn  
Pres

Date

Daytime Phone #

(813) 788-9935

CR2E034B (12/01)