

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2004 08:00 AM
Secretary of State

DOCUMENT # 564974

1. Entity Name

MCMILLAN, UNRUH & DAVIS, P.A.



Principal Place of Business

701 E. COMMERCIAL BLVD
3RD FLOOR
FORT LAUDERDALE FL 33334

Mailing Address

701 E. COMMERCIAL BLVD
3RD FLOOR
FORT LAUDERDALE FL 33334

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt # etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1786606

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

UNRUH, JIM D
701 E. COMMERCIAL BLVD., 3RD FLOOR
FORT LAUDERDALE FL 33334

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

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 VSD ☐ Delete
NAME UNRUH, JIM D
STREET ADDRESS 701 E. COMMERCIAL BLVD., 3RD FLOOR
CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE PTD ☐ Delete
NAME DAVIS, SUSAN
STREET ADDRESS 701 E. COMMERCIAL BLVD., 3RD FL
CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000018720
CITY-ST-ZIP 01/28/04-80144-020 150.00

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

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

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

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

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

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SUSAN DAVIS

Date

1/28/04

Daytime Phone #

954 776 4774