

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-24-2002 90031 038 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000008418

1. Entity Name
DAVID MILLARD ENTERPRISES, INC.

Principal Place of Business Mailing Address
C/O ENGELBERG, CANTOR & MILGRIM, P.L. **C/O ENGELBERG, CANTOR & MILGRIM, P.L.**
3230 STIRLING RD. STE 1 **3230 STIRLING RD. STE 1**
HOLLYWOOD FL 33021 **HOLLYWOOD FL 33021**



2. Principal Place of Business 3. Mailing Address
C/O Engelberg & Milgrim, P.L. **C/O Engelberg & Milgrim, P.L.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
3230 Stirling Rd., Suite 1 **3230 Stirling Rd., Suite 1**

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Hollywood, FL **Hollywood, FL** **65-1070493** Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33021 USA 33021 USA

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
CANTOR, JERALD C ESO Name
C/O ENGELBERG, CANTOR & MILGRIM, P.L. **Engelberg, Morris Esq.**
3230 STIRLING RD, STE 1 Street Address (P.O. Box Number is Not Acceptable)
HOLLYWOOD FL 33021 **C/O Engelberg & Milgrim, P.L.**
3230 Stirling Rd., Suite 1
City Zip Code
Hollywood FL 33021

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]* DATE **01/29/02**
Signature of officer or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D MILLARD, DAVID RALPH III 3230 STIRLING RD, STE 1 HOLLYWOOD FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *D.R. Millard III, President* DATE: **3/4/02** DAYTIME PHONE: **713-210-4368**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)