2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000132914

Entity Name: MILLS & CARLIN, P.A.

FILED Apr 30, 2003 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

200 N. LAURA STREET 865 MAY STREET

SUITE 1150 JACKSONVILLE, FL 32204 US JACKSONVILLE, FL 32202 US

Current Mailing Address: New Mailing Address:

200 N. LAURA STREET 865 MAY STREET

SUITE 1150 JACKSONVILLE, FL 32044 US

JACKSONVILLE, FL 32202 US

FEI Number: 35-2191866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MILLS, JOHN S
200 N. LAURA STREET
MILLS, JOHN S
865 MAY STREET

SUITE 1150 JACKSONVILLE, FL 32204 US JACKSONVILLE, FL 32202 US

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: JOHN S. MILLS 04/30/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,AS () Delete Title: P,AS (X) Change () Addition

Name: MILLS, JOHN S
Address: 200 N. LAURA STREET, SUITE 1150
Address: 865 MAY STREET

City-St-Zip: JACKSONVILLE, FL 32202 US City-St-Zip: JACKSONVILLE, FL 32204 US

Title: VPST () Delete Title: VPST (X) Change () Addition Name: CARLIN. TRACY S Name: CARLIN. TRACY S

Name:CARLIN, TRACY SName:CARLIN, TRACY SAddress:200 N. LAURA STREET, SUITE 1150Address:865 MAY STREET

City-St-Zip: JACKSONVILLE, FL 32202 US City-St-Zip: JACKSONVILLE, FL 32204 US

Title: DIR () Delete Title: DIR (X) Change () Addition Name: MILLS, JOHN S Name: MILLS, JOHN S

Address: 200 N. LAURA STREET, SUITE 1150 Address: 865 MAY STREET

City-St-Zip: JACKSONVILLE, FL 32202 US City-St-Zip: JACKSONVILLE, FL 32204 US

Title: DIR () Delete Title: DIR (X) Change () Addition

 Name:
 CARLIN, TRACY S
 Name:
 CARLIN, TRACY S

 Address:
 200 N. LAURA STREET, SUITE 1150
 Address:
 865 MAY STREET

City-St-Zip: JACKSONVILLE, FL 32202 US City-St-Zip: JACKSONVILLE, FL 32204 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN S. MILLS P,AS 04/30/2003