

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90105 044 \*\*\*150.00

**DOCUMENT # K60047**

1. Entity Name  
**MILLING, INC.**

Principal Place of Business

**327 E Highbanks Rd  
P. O. BOX 973  
DEBARY FL 32713**

Mailing Address

**327 E Highbanks Rd  
P. O. BOX 973  
DEBARY FL 32713**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 530128**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DeBary FL**

4. FEI Number

**59-2927883**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32753-0128 USA**

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

**FLYNN, WILLIMA J.  
32213 CHIPPEWA AVE.  
DELAND FL 32720**

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.

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. ☐

**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 **P** ☐ Delete  
NAME **FLYNN, WILLIAM J.**  
STREET ADDRESS **32213 CHIPPEWA AVE.**  
CITY-ST-ZIP **DELAND FL**

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

TITLE **V** ☐ Delete  
NAME **PUGH, HARRY D**  
STREET ADDRESS **1409 CHICHESTER ST**  
CITY-ST-ZIP **ORLANDO FL 32803**

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

TITLE **T** ☐ Delete  
NAME **BAGWELL, JAMES L.**  
STREET ADDRESS **560 BERNASEK DR.**  
CITY-ST-ZIP **DEBARY FL**

TITLE ☒ Change ☐ Addition  
NAME **Bagwell, James L.**  
STREET ADDRESS **710 Ashgrove Terr.**  
CITY-ST-ZIP **Sanford, FL 32771**

TITLE **S** ☐ Delete  
NAME **SHALET, CHARLES**  
STREET ADDRESS **505 DELTONA BLVD**  
CITY-ST-ZIP **DELTONA FL**

TITLE ☒ Change ☐ Addition  
NAME **Shallet, Charles**  
STREET ADDRESS **71 Grizzley Bear Path**  
CITY-ST-ZIP **Ormond Beach, FL 32714**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 another like empowered.

SIGNATURE:

*James Bagwell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/12/02 386-668-4468**  
Date Daytime Phone #

CR2E034 (9/01)