## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

## FILED DOCUMENT # 341891 Jan 12, 2000 8:00 am 1. Entity Name **Secretary of State** HANFORD & MILLER, INC. 01-12-2000 90033 021 \*\*\*150.00 Principal Place of Business Mailing Address 2350 BROOKSHIRE AVENUE 2350 BROOKSHIRE AVENUE WINTER PARK FL 32792 WINTER PARK FL 32792-4728 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1318217 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCCLUSKEY, ROY D Street Address (P.O. Box Number is Not Acceptable) 1560 MIZELL AVE WINTER PARK FL 32789 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State Control of the contro ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ASD : " F To be ☐ Addition ☐ Change TITLE □ Defete TITLE MCCLUSKEY, ROY D NAME NAME STREET ADDRESS 1560 MIZELL AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Addition ☐ Delete ☐ Change TITI F BOGGS, JUDITH A. NAME STREET ADDRESS STREET ADDRESS 255 SUNDOWN WAY CITY-ST-ZIP CITY-ST-ZIP DAWSONVILLE GA Delete ☐ Change ☐ Addition ASAT TITLE TITLE MILLER.DONALD G NAME NAME STREET ADDRESS STREET ADDRESS 2350 BROOKSHIRE AVENUE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL ☐ Change ☐ Addition TITI F ☐ Delete TITLE MCCLUSKEY, SANDRA NAME NAME STREET ADDRESS STREET ADDRESS 1560 MIZELL AVE. CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Change ☐ Addition ☐ Delete TIT) F TITLE PD: ... /. CLEMMONS, KATHY NAME NAME STREET ADDRESS 5817 GRANT FORD ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE GA 30506** ☐ Change ☐ Addition TITLE ☐ Delete TITLE BOGGS, WILLIAM L NAME NAME STREET ADDRESS STREET ADDRESS 255 SUNDOWN WAY CITY-ST-7IP CITY-ST-ZIP **DAWSONVILLE GA 30534** 13. I hereby certify that the information supplied with this filling 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.