

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 543228

1. Entity Name

MILLING CONSTRUCTION COMPANY, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90396 001 ***450.00

Principal Place of Business

Mailing Address

2221 MONET RD
~~N MIAMI BEACH FL 33408~~
 US

PO BOX 30369
 PALM BEACH GARDENS FL 33420-0369
 US

2. Principal Place of Business

3. Mailing Address

2221 Monet Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N Palm Beach, FL

4. FEI Number

59-2262476

Applied For

Not Applicable

Zip

Country

Zip

Country

FL 33408

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

MILLING, GLENN E.
 14996 PALMWOOD ROAD
 PALM BEACH GARDENS FL 33410

Name

Street Address (P.O. Box Number is Not Acceptable)

2221 Monet Rd

City

N Palm Beach

FL

Zip Code

33408

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.
 (See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

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\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME MILLING, GLENN E
 STREET ADDRESS 14996 PALMWOOD ROAD
 CITY-ST-ZIP PALM BEACH GARDENS FL

☐ Delete

TITLE
 NAME
 STREET ADDRESS 2221 Monet Rd
 CITY-ST-ZIP N. Palm Beach, FL 33408

☒ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

561-692-6922

Daytime Phone #

CR2E034 (9/99)