## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 08, 2000 8:00 am Secretary of State DOCUMENT # **F63024** W.G. MILLS, INC OF BRADENTON 05-08-2000 90012 045 \*\*\*158.75 Principal Place of Business Mailing Address 3301 WHITFIELD AVENUE 3301 WHITFIELD AVENUE SARASOTA FL 34243 SARASOTA FL 34243-3314 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2244208 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 SHARP.III LEMUEL Street Address (P.O. Box Number is Not Acceptable) 3301 WHITFIELD AVENUE SARASOTA FL 34243 City 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 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete SHARP, LEMUEL, III NAME STREET ADDRESS 4987 WINDSOR PARK STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Delete ☐ Change Addition TITLE MILLS, WALTER G. NAME NAME 3301 WHITFIELD AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP SARASOTA FL CITY-ST-ZIP TITLE Change Addition Delete TITLE HENSEY, TIMOTHY NAME NAME 2806 SARASOTA GOLF CLUB BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Change ☐ Addition ☐ Delete TITLE BAKER, STEVEN E NAME NAME 4007 73RD TERRACE E STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SARASOTA FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS 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 all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #