

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002876

1. Entity Name

MILLS & LUPTON SUPPLY COMPANY

Principal Place of Business

749 E 12TH STREET
CHATTANOOGA TN 37401
US

Mailing Address

PO BOX 2273
ORLANDO FL 32802-2273

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE CD
NAME HUGHES, DAVID H
STREET ADDRESS 20 N. ORANGE AVE., SUITE 200
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE DP
NAME HALL, A.S. JR.
STREET ADDRESS 20 N. ORANGE AVE., SUITE 200
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE DT
NAME ZEPF, J. STEPHEN
STREET ADDRESS 20 N. ORANGE AVE., SUITE 200
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE S
NAME CLARK, JAY
STREET ADDRESS 20 N ORANGE AVE, #200
CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete

TITLE AS
NAME BUTTERFIELD, BENJAMIN
STREET ADDRESS 20 N ORANGE AVE SUITE 200
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

Date

Daytime Phone #

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90103 001 *2,550.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 62-0295660

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E034 (10/00)