2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

F98000001991

1. Entity Name

MILL'S PRIDE PREMIER INC



FILED Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90119 025 ***150.00



WILLOTT	THE PREIMIER, 1140.		,									
Principal Place of Business 423 HOPEWELL ROAD WEST PALM BEACH FL 33401 TAYLOR MI 48180-1340												
	Place of Business ppewe11 Road	3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					XX CHECK HERE IF MAKING CHANGES					
City & Stat Waver 1		City & State				4.	FEI Number 31-1590652 Applied For Not Applicable			·		
Zip 45690	Country USA	Zip	Zip Coun:		ry	5.	5. Certificate of Status Desired			S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent						7,	. Name and	Address of New	Registered A	gent		
N						me						
	PORATION SYSTEM ITH PINE ISLAND ROAD		Street Addre			ress (P.O.	(P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324												
. =				-	City				FL	Zip Code	е	
	e named entity submits this statement f	d office or re	egistered a	agent, or both	h, in the State of F	lorida. I am fa	miliar with,	and accept				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								ction Campaign F st Fund Contributi		\$5.0 Added	0 May Be I to Fees	
10.	OFFICERS AND	DIRECTO	l DRS	11.			L ADDITIONS/	CHANGES TO OF	FICERS AND (DIRECTORS	3 IN 11	
TITLE	ASAT		X Delete	TITLE		CEO F	2			☐ Change	X Addition	
NAME	CONNELLY, MICHAEL	•		NAME		Reinh	nard Me	tzger				
STREET ADDRESS	250 SOUTH AUSTRALIAN AVEN	ue, 13th	E, 13TH FLOOR STRE				19 District Blvd.					
CITY-ST-ZIP	WEST PALM BEACH FL 33401			CITY-S	ST-ZIP		Angeles	, CA 9004	40			
TITLE	VD		🔀 Delete	TITLE		D .				Change	🔼 Addition	
NAME	KENNEDY, RAYMOND F			NAME	i		R. Lee	•				
STREET ADDRESS CITY-ST-ZIP	21001 VAN BORN ROAD TAYLOR MI 48180-1340				T ADDRESS ST-ZIP		21001 Van Born Road Caylor, MI 48180-1340					
TITLE	VTAS		☐ Delete	TITLE	-	V T A		40100-134		X Change	Addition	
NAME	ROSOWSKI, ROBERT B		C Delete	NAME		V I P	ע פג			A) Gridinge	را العدادات	
STREET ADDRESS	21001 VAN BORN ROAD			STREET	T ADDRESS							
CITY-ST-ZIP	TAYLOR MI 48180-1340			CITY-S	ST-ZIP							
TITLE	VSD		☐ Delete	TITLE						☐ Change	☐ Addition	
NAME	GARGARO, EUGENE A JR			NAME	1							
STREET ADDRESS CITY-ST-ZIP	21001 VAN BORN ROAD TAYLOR MI 48180-1340				T ADDRESS ST-ZIP							
TITLE	V	.,	☐ Delete	TITLE						☐ Change	☐ Addition	
NAME	DORAN, DAVID A			NAME			•					
STREET ADDRESS	21001 VAN BORN ROAD				T ADDRESS							
CITY-ST-ZIP	TAYLOR MI 48180-1340			CITY-S	ST-ZIP	** **					.22.	
TITLE			☐ Delete	TITLE		V AS	1	•		☐ Change	🖾 Addition	
NAME STREET ANDRESS				NAME	T ADDRESS		hy Wadl	hams orn Road				
STREET ADDRESS CITY-ST-ZIP					ST-ZIP			orn koad 48180-134	ن ٥			
J OI EN	1			311376		тауто	سللتذ وعد	40100-13	T U		j	

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CANDRE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Doran

4/28/03

313/274-7400

Daytime Phone #