

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G60263

1. Entity Name

MILLS REFERRAL, INC.

Principal Place of Business

7779 STARKEY ROAD
7779 STARKEY ROAD
SEMINOLE FL 34647
US

Mailing Address

7779 STARKEY ROAD
7779 STARKEY ROAD
SEMINOLE FL 34647
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2324597

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANGELS, LYNNE D.
7779 STARKEY ROAD
SEMINOLE FL 33777

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 ☐ Delete

NAME D
STREET ADDRESS MILLS, THOMAS P
CITY-ST-ZIP 7779 STARKEY ROAD
SEMINOLE FL

TITLE ☒ Delete

NAME PST
STREET ADDRESS MANGELS, LYNNE
CITY-ST-ZIP 7779 STARKEY ROAD
SEMINOLE FL 33777

TITLE ☒ Delete

NAME PST
STREET ADDRESS TIBBY, LYNNE
CITY-ST-ZIP 7779 STARKEY RD
SEMINOLE FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME D
STREET ADDRESS Mills Thomas P
CITY-ST-ZIP 7779 Starkey Rd
Seminole Fl 33777

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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

Thomas P. Mills

3-24-01

(727)398-7771

Date

Daytime Phone #

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90001 016 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)