

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

05-13-2002 90102 016 ***150.00

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**

90314



DO NOT WRITE IN THIS SPACE

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, LYNN D.
 7779 STARKEY ROAD
 SEMINOLE FL 33777**

7. Name and Address of New Registered Agent

Name

THOMAS P. MILLS

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

7779 Starkey Rd

City

Seminole

FL

Zip Code

33777

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, type 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, 2002 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 **DPST**
 NAME **MILLS, THOMAS P**
 STREET ADDRESS **7779 STARKEY ROAD**
 CITY-ST-ZIP **SEMINOLE FL 33777**

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

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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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

(727) 398-7777

Date

Daytime Phone #

CR2E034 (9/01)