

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**  
 04-13-2001 90036 001 \*\*\*150.00

0642783

**DOCUMENT # H67877**

1. Entity Name  
**J. F. MILLS CONSTRUCTION CO., INC.**

Principal Place of Business 27564 OLD 41 RD BONITA SPRINGS FL 34135 US	Mailing Address 27564 OLD 41 RD BONITA SPRINGS FL 34135 US
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2. Principal Place of Business <i>27281 Sun Aqua Ln</i> Suite, Apt. #, etc.	3. Mailing Address <i>27281 Sun Aqua Ln</i> Suite, Apt. #, etc.
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City & State <i>Bonita Springs, FL</i>	City & State <i>Bonita Springs, FL</i>	4. FEI Number <b>59-2628596</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>34135</i>	Country <i>USA</i>	Zip <i>34135</i>	Country <i>USA</i>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  <b>MILLS, JAMES F.</b> <b>27281 SUN AQUA LN</b> <b>BONITA SPRINGS FL 34135</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>MILLS, JAMES F.</b> <b>27473 PELICAN RIDGE CR</b> <b>BONITA SPRINGS FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>James F. Mills</b> <b>27281 Sun Aqua Ln</b> <b>Bonita Springs, FL 34135</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>MILLS, BETTY A.</b> <b>27473 PELICAN RIDGE CR</b> <b>BONITA SPRINGS FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Betty A. Mills</b> <b>27281 Sun Aqua Ln</b> <b>Bonita Springs, FL 34135</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *James F. Mills* **James F. Mills** *4/10/01* **4/10/01** *941-947-0147* **941-947-0147**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)