

2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90072 034 \*\*\*150.00

DOCUMENT # **J99910**

1. Entry Name  
**EDWARD A. MILLIS, P.A.**

Principal Place of Business <b>1414 W GRANADA BLVD. STE 4</b> <b>ORMOND BEACH FL 32174</b> <b>US</b>	Mailing Address <b>1414 W GRANADA BLVD. STE 4</b> <b>ORMOND BEACH FL 32174</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number <b>59-2851098</b>	Adding For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent  <b>MILLIS, EDWARD A.</b> <b>20 RIVER DUNES</b> <b>DAYTONA BCH FL 32118</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Accepted) City State 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 \_\_\_\_\_  
Signature of type or print name of registered agent and file # (app. 2001) (NOTE: Registered Agent signature required when re-registered) (2001)

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 (N 11)	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>DP</b> <b>MILLIS, EDWARD A.</b> <b>20 RIVER DUNES DR.</b> <b>DAYTONA BCH FL 32118</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add On
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add On
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add On
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add On
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 by 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, changed or on an attachment with an address, with all other like employment.

SIGNATURE: **Edward A. Millis** **4/23/01** **386-672-1392**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (10.00)