

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K41746**

1. Entity Name

MILLS HEATING & AIR CONDITIONING, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90185 019 ***150.00

601732



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O KENNETH L. MILLS
1532-A N. BEAL EXTENSION
FORT WALTON BEACH FL 32547-1106
US

C/O KENNETH L. MILLS
1532-A N. BEAL EXTENSION
FT WALTON BEACH FL 32547-7054
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

59-2925704

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLS, KENNETH L.
1532-A N. BEAL EXTENSION
FORT WALTON BEACH FL 32548

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLS, KENNETH L.	
STREET ADDRESS	2800 SAM SNEAD COURT	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MILLS, KENNETH L.	
STREET ADDRESS	2800 SAM SNEAD COURT	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MILLS, AMANDA	
STREET ADDRESS	2800 SAM SNEAD COURT	
CITY-ST-ZIP	SHALIMAR FL 32579	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLS, LYVON	
STREET ADDRESS	122 PAMELA ANN	
CITY-ST-ZIP	FT WALTON BEACH FL 32547	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] President

1/07/00 850 812-4796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)