

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K69048

FILED
Apr 30, 2003
Secretary of State

Entity Name: GENE MCMILLAN ENTERPRISES, INC.

Current Principal Place of Business:

9751 WEST BAHIA VISTA
NORTH FT. MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

9751 WEST BAHIA VISTA
NORTH FT. MYERS, FL 33917 US

New Mailing Address:

FEI Number: 65-0103847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMILIAN, ARLIE E., JR.
9751 W. BAHIA VISTA
NORTH FORT MYERS, FL 33917

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCMILLAN, ARLIE E., JR.
Address: 9751 W. BAHIA VISTA
City-St-Zip: N. FT. MYERS, FL

Title: DST () Delete
Name: MCMILLAN, CRYSTAL D.,
Address: 9751 W. BAHIA VISTA
City-St-Zip: N. FT. MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRYSTAL D. MCMILLAN

DST

04/30/2003

Electronic Signature of Signing Officer or Director

Date