

# 2000 UNIFORM BUSINESS REPORT (UBR)

00121 AF

**DOCUMENT # L99000007822**  
 1. Entity Name  
**ELDON MILLS PLASTERING L.C.**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**00 JUN 14 PM 2:24**



Principal Place of Business      Mailing Address  
 1005 4TH ST.                      1005 4TH ST.  
 PORT ORANGE FL 32119          PORT ORANGE FL 32119-3213

2. Principal Place of Business      3. Mailing Address  
**1005 4TH ST**                              Suite, Apt. #, etc.

City & State      City & State  
**PORT ORANGE FL**                              **FL**  
 Zip      Country      Zip      Country  
**32119**      **USA**                              **FL**      **USA**

4. FEI Number      Applied For  
**59-3579601**      Not Applicable  
 5. Certificate of Status Desired       **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MILLS, ELDON H**  
**1005 4TH ST.**  
**PORT ORANGE FL 32119**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**BLT**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OWNER</b> <b>ELDON H MILLS 'MGRM'</b> <input type="checkbox"/> Delete <b>1005 4TH ST</b> <b>PORT ORANGE FL 32119</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED      4-29-00      904 334-8090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #

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