2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 30, 2002 8:00 am P00000018600 DOCUMENT # Secretary of State 1. Entity Name MILLBROOK CONSTRUCTION, INC. 01-30-2002 90010 041 ***150.00 Principal Place of Business Mailing Address 3167 ST. JOHNS BLUFF RD. SOUTH #106 3167 ST. JOHNS BLUFF RD. SOUTH. #106 JACKSONVILLE FL 32246 JACKSONVILLE FL 32246 Principal Place of Business Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 59-3631669 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 3167 ST. JOHNS BLUFF RD. SOUTH, #106 **JACKSONVILLE FL 32246** 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITI F Change ☐ Addition TITLE ☐ Delete MILLER, ROBERT D NAME NAME 3167 ST. JOHNS BLUFF RD. SOUTH, #106 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32246 CITY-ST-7IP CITY-ST-7IP ☐ Addition TITLE TITLE ☐ Change LASHBROOK, CHARLES W NAME NAME STREET ADDRESS 3167 ST. JOHNS BLUFF RD. SOUTH, #106 STREET ADDRESS JACKSONVILLE FL 32246 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change h ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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 attachm all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

☐ Addition