

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90357 044 ***150.00

DOCUMENT # P00000029356

1. Entity Name

MCMILLAN FAMILY ENTERPRISES, INC.

Principal Place of Business

**4357 DAVIDIA DRIVE
 MELBOURNE FL 32934**

Mailing Address

**4357 DAVIDIA DRIVE
 MELBOURNE FL 32934**

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

59-3644060

Applied For

Not Applicable

5. Certificate of Status Desired. ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ASARCH, STEVEN J
 2385 EXECUTIVE CENTER DRIVE
 SUITE 250
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

MCMILLAN, JOHN

Street Address (P.O. Box Number is Not Acceptable)

4357 DAVIDIA DR

City

MELBOURNE

FL

Zip Code

32934

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

JOHN N. MCMILLAN

(NOTE: Registered Agent signature required when reinstating)

DATE

7-12-02

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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

TITLE **D** ☐ Delete
 NAME **MCMILLAN, JOHN N**
 STREET ADDRESS **4357 DAVIDIA DRIVE**
 CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ 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:

JOHN N. MCMILLAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-02

Date

Daytime Phone #

321-259-2156

CR2E034 (4/02)

Attachment

P00000029356

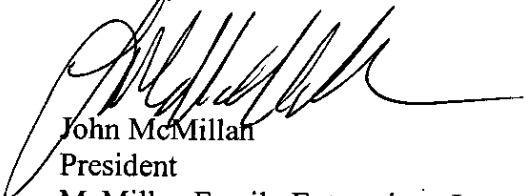
120857

07/12/2002

To Whom It May Concern:

I did not receive the initial UBR filing notice. Please note the appropriate changes and accept the enclosed check for \$150.00.

Sincerely,



John McMillan
President
McMillan Family Enterprises, Inc.