

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90012 043 ***150.00

DOCUMENT # P00000065058

1. Entity Name

MILLS CONCEPT INC.

Principal Place of Business

1145 LONDONDERRY DR
 ORANGE PARK FL 32065

Mailing Address

1145 LONDONDERRY DR
 ORANGE PARK FL 32065

2. Principal Place of Business

Mills Concept Inc
 Suite, Apt. #, etc.
1745 Wells Rd #402

3. Mailing Address

Mills Concept Inc
 Suite, Apt. #, etc.
1745 Wells Rd #402

City & State

Orange Park FL

City & State

Orange Park FL

Zip

32073

Country

USA

Zip

32073

Country

USA

6. Name and Address of Current Registered Agent

MILLS, ANTONIO
 1145 LONDONDERRY DR
 ORANGE PARK FL 32065

4. FEI Number

59-36552-85

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

Name *Mills, Antonio*

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

1745 Wells Road #402

City *Orange Park FL*

Zip Code *32073*

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

Feb 16 2001

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, 2001 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

TITLE **D** ☐ Delete
 NAME **MILLS, MARIA C**
 STREET ADDRESS **1145 LONDONDERRY DR**
 CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE **D** ☐ Delete
 NAME **MILLS, ANTONIO**
 STREET ADDRESS **1145 LONDONDERRY DR**
 CITY-ST-ZIP **ORANGE PARK FL 32065**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 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

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 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:

Antonio Mills
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Feb 16 2001 (904) 318-3949

CR2E034 (10/00)

150.00