2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State
02-28-2002 90007 039 ***150.00

DOCUMENT # P00000079599

1. Entity Name
OLIN & MILLS OAKS, INC.

Principal Place of Business	Mailing Address
424 BYWATER DR. ORLANDO FL 32839	424 BYWATER DR. ORLANDO FL 32839

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
122 LOCUST RUN	122 LOCUST RUN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ~~ORLANDO~~ OCALA FL	City & State: OCALA FL
Zip: 34472 Country: USA	Zip: 34472 Country: USA

4. FEI Number 59-3668141 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLIN, SUSAN 424 BYWATER DR. ORLANDO FL 32839	Name: GEORGE P OLIN Street Address (P.O. Box Number is Not Acceptable): 122 LOCUST RUN City: OCALA FL Zip Code: 34472

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: GEORGE P. OLIN George P. Olin 02-05-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2002 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLIN, GEORGE ~~424 BYWATER DR.~~ ~~ORLANDO FL 32839~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 122 LOCUST RUN OCALA FL 34472
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLIN, SUSAN 424 BYWATER DR. ORLANDO FL 32839	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLS, MARY ANN PO BOX 1565 OKLAWAHA FL ~~32179~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 32183
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLS, DENNON PO BOX 1565 OKLAWAHA FL ~~32179~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 32183
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: SIGNATURE REQUIRED GEORGE P. OLIN 02-05-02 3526800404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #