

FILED

02 SEP -4 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000092768

1. Entity Name

Milling Equipment Co., Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2221 Monet Rd.

Suite, Apt. #, etc.

3. Mailing Address

C/O Pressly & Pressly, P.A.

Suite, Apt. #, etc.

222 Lakeview Ave. Suite 910

DO NOT WRITE IN THIS SPACE

City & State

North Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

651043545

Applied For

Not Applicable

Zip

33408

Country

USA

Zip

33401

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

(New)

7. Name and Address of Current Registered Agent

Name

J. Grier Pressly III

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

222 Lakeview Ave. Suite 910

City

West Palm Beach

FL

Zip Code

33401

DO NOT WRITE IN THIS SPACE

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

J. Grier Pressly III

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

(New) Registered Agent signature required when reinstating

8/20/02

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

(New)

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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	PD
NAME	Lisa Milling
STREET ADDRESS	2221 Monet Rd.
CITY - ST - ZIP	North Palm Beach, FL 33408

TITLE	STD
NAME	Darren Milling
STREET ADDRESS	2221 Monet Rd.
CITY - ST - ZIP	North Palm Beach, FL 33408

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	Remove/Delete:
NAME	Glenn E. Milling
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	Susan Downing
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lisa D. Milling

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa Milling, President

8/23/02

DATE

(561) 622-6890

DAYTIME PHONE #

CR2E034B (12/01)