

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**  
 03-23-2001 90043 007 \*\*\*150.00

**DOCUMENT # P00000114200**

1. Entity Name

**MILLIRONS CONSTRUCTION & DEVELOPMENT, INC.**

Principal Place of Business

418 DEEP FORREST DR.  
 PANAMA CITY BCH FL 32407

Mailing Address

418 DEEP FORREST DR.  
 PANAMA CITY BCH FL 32407

2. Principal Place of Business

**BAY County**  
 Suite, Apt. #, etc.  
**1515 DeGama Ave**

3. Mailing Address

**1515 DeGama Ave.**  
 Suite, Apt. #, etc.

City & State  
**PANAMA City, FL**

Zip  
**32405** Country  
**USA**

City & State  
**PANAMA City, FL**

Zip  
**32405** Country  
**U.S.A**

4. FEI Number

**59-3684607**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBINSON, MICHAEL**  
**2335 E. BALDWIN RD.**  
**PANAMA CITY BCH FL 32405-5801**

7. Name and Address of New Registered Agent

Name  
**Jeremy Millirons**  
 Street Address (P.O., Box Number, is Not Acceptable)  
**1515 DeGama Ave**  
 City  
**PANAMA City** FL Zip Code  
**32405**

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 **Jeremy Millirons** **3/20/01**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>President; Vice President</b> <b>Jeremy Millirons</b> <b>1515 DeGama Ave.</b> <b>Panama City FL 32405</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P, VP, S, T</b> <b>Jeremy Millirons</b> <b>5265 Woodgate Way</b> <b>MARIANNA, FL 32446</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **Jeremy Millirons** **3/21/01** **(850) 913-8001**  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)