FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90125 023 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P01000042587

1. Entity Name
MILLS TECH, INC.

Principal Place of Business	Mailing Address
50 S. YONGE ST., STE 5 ORMOND, FL 32174-6289	50 S. YONGE ST., STE 5 ORMOND, FL 32174-6289

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 111 Timberline Trail	Suite, Apt. #, etc.: P.O. Box 731507
City & State: Ormond Beach, FL	City & State: Ormond Beach, FL
Zip: 32174 Country: Volusia	Zip: 32173-1507 Country: Volusia

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 04-3424353 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NWABEKE, KELECHI
50 S YOUNG ST., STE 5
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name: KELECHI NWABEKE
Street Address (P.O. Box Number is Not Acceptable): 111 Timberline Trail
City: Ormond Beach FL Zip Code: 32174

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] — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 3/4/03

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NWABEKE, KELECHI 60 SOUTH YONGE ST., STE 5 ORMOND, FL 32174	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Kelechi Nwabeke 111 Timberline Trail Ormond Beach, FL 32174	☒ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 3/4/03 Daytime Phone #: 386-252-5829