FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Feb 03, 2003 8:00 am Secretary of State P01000063728 DOCUMENT # 1. Entity Name 02-03-2003 90309 038 ***150.00 MILLIRONS CONSTRUCTION COMPANY Principal Place of Business Mailing Address 1515 DEGAMA AVE - 1515 DEGAMA AVE PANAMA CITY FL 32405 PANAMA CITY FL 32405 The state of the state of the state of the 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3730146 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLIRONS, JEREMY Street Address (P.O. Box Number is Not Acceptable) 1515:DEGAMA AVE PANAMA CITY FL 32405 City Zip Code 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 above named entitle the obligations of SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 □ Delete TITLE CR2E034 (10/02) Change Addition MILLIONS, JEREMY NAME STREET ADDRESS 1515 DEGAMA AVE STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MILLIONS, JAMES NAME STREET ADDRESS 1515 DEGAMA AVE STREET ADDRESS CITY-ST-7IE PANAMA CITY FL 32405 CITY-ST-7IP TITLE . Delete -TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 native the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or native the same legal effect as if made under oath; that I am an officer or director of the corporation of of the corporation or the rec-changed, or on an attachme

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-913-8001

Daytime Phone #