

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

0373892 AV

05-16-2003 90175 018 \*\*\*150.00

**DOCUMENT # P02000015569**

1. Entity Name  
**LAW OFFICES OF ANDREA D. MCMILLAN, P.A.**



Principal Place of Business  
**1615 FORUM PLACE  
SUITE 500  
WEST PALM BEACH FL 33401**

Mailing Address  
**1615 FORUM PLACE  
SUITE 500  
WEST PALM BEACH FL 33401**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**32-0005003**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATE CREATIONS NETWORK INC.  
941 FOURTH STREET #200  
MIAMI BEACH FL 33139**

Name

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

City

**FL**

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
MCMILLAN, ANDREA  
4251 TAZEWEEL COURT  
WEST PALM BEACH FL 33409**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Andrea McMillan 5/13/03**  
Date Daytime Phone # **0201**

CR2E034 (10/02)

*Attachment*  
Law offices of

**ANDREA D. McMILLAN, P.A.**

Personal Injury / Death & Accident Cases • Medical Malpractice • Insurance Disputes

80119283

#P02000015369

May 13, 2003

Uniform Business Report  
Division of Corporations  
PO. Box 1500  
Tallahassee, FL. 32302-1500

Dear Sir/Madam:

Enclosed please find the completed 2003 Uniform Business Report for my business along with check # 1296 in the amount of \$150.00.

I am writing to explain why this report is late, and am asking that you consider my explanation. On January 14, 2003 my brother was catastrophically injured in a crash. He was hit from behind by a speeding truck that pushed him into the path of another speeding truck.. This crash damaged his spinal cord, tore off a portion of his scalp, collapsed his lung, and caused other life-threatening injuries. Since that awful day, I have been tending to him in various hospitals, and have been unable to tend to my business matters the way I ordinarily would.

My brother is now in a rehabilitation facility 75 miles away from our hometown, and I am with him most of the time. My only assistant left me after my brother's crash, and my mail has backed up, etc.

I would appreciate your consideration in exempting me from a late fee. This is the toughest time in my life.

Thank you for your consideration.

Sincerely,



ANDREA MCMILLAN