

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90430 028 ***150.00

DOCUMENT # P02000046125

1. Entity Name
MICHAEL A. MILLS ENTERPRISES, INC.



Principal Place of Business
1505 JASON ST
KISSIMMEE FL 34744

Mailing Address
1505 JASON ST
KISSIMMEE FL 34744

2. Principal Place of Business

994 E. CARROLL Street

3. Mailing Address

Suite, Apt. #, etc.

Suite # 10

City & State
Kissimmee Florida

City & State

Zip Country
34744 USA

Zip Country

4. FEI Number
03-0434016

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

MILLS, MICHAEL A
1505 JASON ST
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

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 *Michael A. Mills*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-17-03

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

TITLE **PD** ☐ Delete
NAME **MILLS, MICHAEL A**
STREET ADDRESS **1505 JASON ST**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE **STD** ☐ Delete
NAME **MILLS, PATRICIA M**
STREET ADDRESS **1505 JASON ST**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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: *Michael A. Mills* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-03

Date

407 933-5823

Daytime Phone #

CR2E034 (10/02)