2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State
02-17-2003 90201 009 ***158.75

DOCUMENT # P02000125177

1. Entity Name
MILLING TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
37429 GRAYS AIRPORT ROAD LADY LAKE FL 32159	37429 GRAYS AIRPORT ROAD LADY LAKE FL 32159

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	PO Box 1202
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Lady Lake FL
Zip / Country	Zip: FL 32158 Country: USA

4. FEI Number: 82-0575090 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELDRIDGE, JAMES B 37429 GRAYS AIRPORT ROAD LADY LAKE FL 32159	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] 12 FEB 03
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

TITLE	D	☐ Delete
NAME	ELDRIDGE, JAMES B	
STREET ADDRESS	37429 GRAYS AIRPORT ROAD	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	D	☐ Delete
NAME	ELDRIDGE, JENNIFER J	
STREET ADDRESS	37429 GRAYS AIRPORT ROAD	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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] REQUIRED 12 FEB 03 352 636-6678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #