

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000014105

1. Entity Name

MILLS TRUCKING, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90051 049 ***150.00

Principal Place of Business

~~4016 CRESTWOOD DR.~~
~~LAKE WALES FL 33853-855~~
~~US~~

Mailing Address

~~141 SHADY OAKS CAMP ST~~
~~LAKE WALES FL 33853-6855~~
~~US~~

2. Principal Place of Business

702 Palm Ave.

3. Mailing Address

P.O. Box 7175

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Indian Lk Estates

City & State

Indian Lk Estates FL

4. FEI Number

59-3157215

Applied For

Not Applicable

Zip

Country

33855-7175

Zip

Country

33855-7175

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

MILLS, MARVIN R

~~141 SHADY OAKS CAMP ST.~~
~~LAKE WALES FL 33853-6855~~

Name

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

P.O. 702 Palm Ave

City

Indian Lake Estates FL

Zip Code

33855-7175

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.

SIGNATURE

Marvin R. Mills

3-9-00

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input type="checkbox"/> Delete
NAME	MILLS, MARVIN R	
STREET ADDRESS	4016 CRESTWOOD DR.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	702 Palm Ave	
CITY-ST-ZIP	Indian Lake Estates 33855	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marvin R. Mills

3-9-00.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)