

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 91343 006 ***150.00

DOCUMENT # P92000014105

1. Entity Name
MILLS TRUCKING, INC.

Principal Place of Business
702 PALM AVE
INDIAN LK ESTATES FL 33855-7125
US

Mailing Address
P O BOX 7175
INDIAN LK ESTATES FL 33855-7175
US

2. Principal Place of Business

141 Shady Oaks Camp St
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Lake Wales

City & State

Zip
33853

Country
Polk

Zip

Country

4. FEI Number **59-3157215**

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

MILLS, MARVIN R
702 PALM AVE
INDIAN LAKE ESTATES FL 33855-7175

Name

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

141 Shady Oaks Camp St

City

Lake Wales

FL

Zip Code

33853

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

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
MILLS, MARVIN R
702 PALM AVE
INDIAN LAKE ESTATES FL 33855

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
141 Shady Oaks Camp St
Lake Wales FL 33853

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

2/23/01

Date

Daytime Phone #

CR2E034 (10/00)