2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jul 17, 2002 8:00 am Secretary of State P93000030114 DOCUMENT # 1. Entity Name MCMILLAN CONSTRUCTION, INC. 07-17-2002 90124 018 ***150.00 Mailing Address Principal Place of Business 12324 S.W. 111 SOUTH CANAL STREET RD. 12324 S.W. 111 SOUTH CANAL STREET RD. MIAMI FL 33186 MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0440378 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCMILLAN, HOPETON A Street Address (P.O. Box Number is Not Acceptable) 12324 S.W. 111 SOUTH CANAL STREET RD **MIAMI FL 33186** Zip Code City 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) FILE NOW!!! FEE: IS, \$150:00 #After May, 1, 2002 Fee, will be \$550:00 Make Check Payable to Department of State 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITLE Addition TITLE MCMILLAN, HOPETON A NAME NAME 12324 SW 111 S. CANAL ST. RD. STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Aóditior Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete TITLE ☐ Additioi NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 suppliemental 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 of trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Daytime Phone #

Attachment # 193000030114 121533

James Accounting & Tax Practice, P.A.

CPA

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July 8, 2002

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee FL 32302

Dear Sir or Madam:

We mailed to in April 2002, a check and the Uniform Business Report for McMillan Construction, Inc. As of June 30, the check has not been negotiated. We are therefore sending you a copy of the Uniform Business Report along with a new check. Please update your records accordingly.

Sincerely,

Verna James

President