## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9400003513  1. Entity Name  MILLICAN CORPORATION				Apr 18, 2002 8:00 am Secretary of State 04-18-2002 90451 048 ***150.00			
Principal Place of Business Mailing Address							
8375 GULF BI NAVARRE BE/ US	LVD ACH FL 32566	210 DOLPHIN STREET GULF BREEZE FL 32561		I SERVIDAN KERTANIK BURU BANK ADIK ERIK BERKI		120 (41) (42)	
2. Principal I	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 59-3217258		plied For t Applicable	
Zìp	Country	Zip Co	ountry	5. Certificate of Status Desired	\$8.75 Add Fee Required		
Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent			
MILLICAN, IRENE: M							
210 DOLPHIN STREET			Street Address (	Street Address (P.O. Box Number is Not Acceptable)			
GULF BREEZE FL 32561							
Strategy &			City	City FL Zip Code			
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered  9. This corporation is eligible to satisfy its Intangible  Tax filling requirement and elects to do so.  (See criteria on back)  FILE NOW!!! FEE  After May 1, 2002 Fee to Make Check Payable to De			ee will be \$550.00	10. Election Campaign Financing		May Be to Fees	
11,	OFFICERS AND DI		2.	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD MILLICAN, IRENE M 210 DOLPHIN ST GULF BREEZE FL	S55550	TITLE NAME STREET ADDRESS DITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY ST-ZIP 1	VSD MILLICAN, WILLIAM C 210 DOLPHIN ST GULF BREEZE FL	S	TITLE  IAME  STREET ADDRESS  DITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5000 S	TITLE HAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME \$TREET ADDRESS CITY-ST-ZIP			ITLE IAME ITREET ADDRESS		☐ Change	Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		N S	ITLE IAME TREET ADDRESS ETY-ST-ZIP		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		Deleter T	ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Change	Addition	
<ul> <li>dindicated</li> </ul>	on this report or supplemental report is tru	ue and accurate and that my sign	nature shall have the s	ction 119.07(3)(i), Florida Statutes. I further cer same legal effect as if made under oath; that I r, Florida Statutes; and that my name appears i	am an officer o	or director	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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