2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000003513

1. Entity Name



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90257 050 ***150.00

MILLICAN	CORPORATION					
8375 GULF B	ce of Business LVD_ ACH FL 32566	Mailing Address 210 DOLPHIN STREET GULF-BREEZE-FL 3256	1			
บร						
2. Principal F	Place of Business	3. Mailing Address			85111 66166 51161 61161	11000 1111 1001
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.		☐ CHECK HERE IF MA	AKING CHANGES	
City & State		City & State		4. FEI Number 59-3217258		oplied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	¢0.75 A.	ditional
	6. Name and Address of Curren	nt Registered Agent		7. Name and Address of New Regist		
			Name			
MILLICAN, IRENE M 210 DOLPHIN STREET			Street Addres	ss (P.O. Box Number is Not Acceptable)	·	
	EEZE FL 32561					
· ·			City	· · · · · · · · · · · · · · · · · · ·	FL Zip Cod	e
8. The above	named entity submits this statement	for the purpose of changing.	its registered office or regis	stered agent; or both, in the State of Florida.	I am familiar with,	and accept
the obligat	tions of registered agent.	 -				
				•		
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (No	DTE: Registered Agent signature requ	uired when reinstating)	DATE	
n	Signature, typed or printed name of registered ager	nt and title if applicable. (No	DTE: Registered Agent signature requ			
F	Signature, typed or printed name of registered agen)	DTE: Registered Agent signature requ	9. Election Campaign Financin Trust Fund Contribution.	g _ \$5.0	May Be
F	Signature, typed or printed name of registered ager FILE NOW!!! FEE*IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department	of State	DTE: Registered Agent signature requ	9. Election Campaign Financin	g \$5.0 Added	d to Fees
F Afte Make Check	Signature, typed or printed name of registered ager FILE NOW!!! FEE*IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of CFFICERS AND	of State	11.	9. Election Campaign Financin Trust Fund Contribution.	g \$5.0 Added	d to Fees
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12. 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 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 AND TYPED OR PRINTED NAME OF SIGN

250934128

Date