

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000053736

1. Entity Name

MCMILLEN SURVEYING, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90057 005 ***150.00

Principal Place of Business

Mailing Address

12 S. MAIN STREET
 SUITE B
 WILLISTON FL 32696
 US

12 S. MAIN STREET
 SUITE B
 WILLISTON FL 32696-2654
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

40 S. MAIN STREET
 Suite, Apt. #, etc.
SUITE A

40 S. MAIN STREET
 Suite, Apt. #, etc.
SUITE A

City & State
WILLISTON, FL.

City & State
WILLISTON, FL.

4. FEI Number **59-3455788**

Applied For
 Not Applicable

Zip Country
32696 US

Zip Country
32696 US

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

MCMILLEN, JOHN C
3009 N.W. 39TH PLACE
GAINESVILLE FL 32605

Name

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

City

FL

Zip Code

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, 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 Delete
 NAME **D**
MCMILLEN, STEPHEN M
 STREET ADDRESS **1350 N.E. 170TH AVENUE**
 CITY-ST-ZIP **WILLISTON FL 32696**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
MCMILLEN, JOHN C
 STREET ADDRESS **3009 N.W. 39TH PLACE**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 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:

John C. McMillen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-00 352 528-6277

CR2E034 (9/99)