FILED Feb 25, 2002 8:00 am Secretary of State

02-25-2002 90031 034 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000027501 1. Entity Name WILLIAM MILLS ENTERPRISES, INC.

					_				
Principal Place of Business		Mailing Address	Mailing Address						
1900 E. ROBINSON ST.		1900 E. ROBINSON ST.	1900 E. ROBINSON ST.						
ORLANDO FL 32803		ORLANDO FL 32803							
					Ì	1 (881/88) (18 1818) (8/4) 68/7(88/4 88/4) (1110 1111 1111 1111 1111	a l
2. Principal P	lace of Business	3. Mailing Address		**	7	I 10015209 SIO INION SOSII OOKII ADIIK BODEL			H
•									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
		<u></u>			<u> </u>				
City & State		City & State			4. 6	FEI Number 59-3498484	\vdash	Applied For	
		<u> </u>			_}			Not Applicab	ole -
Zìp	Country	Zip	Zip Country		5. (Certificate of Status Desired	\$8.75 Fee Re	Additional	
	6. Name and Address of Curre	ent Registered Agent	Registered Agent		7. Name and Address of New Registered Agent				
	o. Name and Address of Dan	and neglatered Agent		Name		The trial Address of New York			_
SPENCER, STEVEN A									
			Street Addr		ss (P.O. Box Number is Not Acceptable)				
	ROBINSON ST.		-						_
ORLANDO	O FL 32803								
				City			FL Zip	Code	ļ
							<u>- </u>		-
8. The above	named entity submits this statemer	nt for the purpose of changing its	s registered	office or regist	ered ag	ent, or both, in the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered a	cent and title if analicable (MO)	TE: Senistered A	gent signature requir	rad when re	ginstating)	ATE		
	Signature, 19560 or printed traine of registered a	gent and the it applicable. (NO	E. Hogistered A	gent agnature reson		1			_
	oration is eligible to satisfy its Intang					10. Election Campaign Financing	, <u>\$</u>	5.00 May Be	
Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 20				Trust Fund Contribution.		dded to Fees	
(See Cirile				artment of S					
11.		ND DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS			_
TITLE	D	☐ Delete	TITLE	į.			☐ Cha	ange 🗀 Additio	on
NAME	MILLS, WILLIAM		NAME						
STREET ADDRESS	520 LK KATHRYN CIRCLE			ADDRESS					
CYTY-ST-ZIP	CASSELBERRY FL 32707		CITY-ST	-217					
TITLE		☐ Delete	TITLE				☐ Cha	ange 🗌 Additio	on
NAME			NAME						
STREET ADDRESS			CITY-ST	ADDRESS					
CITY-ST-ZIP				-217					
TITLE		☐ Delete	TITLE		: :		Cha	ange	on.
NAME			NAME	ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST	ı ı					(
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NAME STREET ADDRESS			NAME	address					1
CITY-ST-ZIP			CITY-ST						
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NAME STREET ADDRESS	1		NAME STREET	ADDRESS					
CITY-ST-ZIP			CITY-ST	1					
		——————————————————————————————————————					☐ Cha	inge	
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NAME STREET ADDRESS				ADDRESS					1
CITY-ST-ZIP			CITY-ST						

13. 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 11 or Block 12 if changed, or on an attachment with a address with all other like empowered.

SIGNATURE:

William Mills

Date

Daytime Phone #