

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90118 038 ***158.75

DOCUMENT # P98000029658

1. Entity Name
MILLS COMPANY OF NAPLES, INC.



Principal Place of Business
610 WILSON BLVD S
NAPLES FL 34117

Mailing Address
610 WILSON BLVD S
NAPLES FL 34117



2. Principal Place of Business
610 WILSON BLVD S
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.
SAME

☐ CHECK HERE IF MAKING CHANGES

City & State
NAPLES FLA.

City & State
SAME

4. FEI Number **59-3501153**

Applied For
Not Applicable

Zip **34117** **Country** **COLIER**

Zip **SAME** **Country** **SAME**

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

MILLS, AL
610 WILSON BLVD S
NAPLES FL 34117

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Marcus A. Mills*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **MILLS, MARCUS A**
STREET ADDRESS **610 WILSON BLVD S**
CITY-ST-ZIP **NAPLES FL 34117**

TITLE ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **MILLS, JEFFRY**
STREET ADDRESS **3310 GUILFORD ROAD**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE ☐ Change ☐ Addition
NAME **SAME**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marcus A. Mills
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-03
Date

239-824-5273
Daytime Phone #

CR2E034 (10/02)