## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

## **DOCUMENT #**

P98000029658

1. Entity Name
MILLS COMPANY OF NAPLES INC.



Feb 05, 2003 8:00 am Secretary of State
02-05-2003 90118 038 \*\*\*158.75 **FILED** 

STREET ADDRESS CITY-ST-ZP NAPLES FL 34117  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAPLES-FL-34112  TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP	Stownson Buto S NAPLES FL 3H117  NAPLES FL 3H112  NAPLES	MILLO	DIVIPAINT OF MAPLES, INC.		THE STATE OF THE S						
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6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  MILLS, AL  For above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOWITE FELS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  FILE NOWITE FELS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N: 11  FILE NOWITE FERS \$150.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N: 11  FILE NOWITE FELS \$150.00  MAPLES FL 34117  Delde TILL  MAYER ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N: 11  FILE NOW STATE ADDRESS  CITY-S1-2P  TILL  MAYER ADDRESS  CITY-S1-2P  TILL  TILL	6. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Nisme    Nisme	City's Stat	LES FIA,				4. FEI Number 59-3501153	3		· ·	_
MILLS, AL 610 WILSON BLVD S NAPLES FL 34117  City  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  Signature  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payabol to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  PD.  MULLS MARCUS A  610 WILSON BLVD S  MILLS MARCUS A  610 WILSON BLVD S  MILLS MARCUS A  610 WILSON BLVD S  MAPLES FL 34117  Delete  TITLE  MAME  STRET ADDRESS  CITY-S1-ZIP  TITLE  CITY-S1-ZIP  TITLE  MAME  STRET ADDRESS  CITY-S1-ZIP  TITLE  CITY-S1-ZIP  T	MILLS, AL 610 WILSON BLVD S NAPLES FL 34117  City FL Zip Code  8. The above narmed entity submits this statement for the outpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MILLS, MARCUS A 610 WILSON BLVD S  SIREET ADDRESS  617 ST 2P  MILLS, JEFFRY  3310 GUILFORD ROAD  NAPLES FL 34112  Dede  111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Addition  FILE  MAKE  SIREET ADDRESS  617 ST 2P  MILLS, JEFFRY  3310 GUILFORD ROAD  NAPLES FL 34112  Dede  111.  Change Addition  FILE  MAKE  SIREET ADDRESS  617 ST 2P  TITLE  Change  Addition  Addition  ADDRESS  617 ST 2P  TITLE  Change  Addition  ADDRESS  617 ST 2P  TITLE  Change  Addition  ADDRESS  CH ST 2P  TITLE  Change  Addition  ADDRESS  CH ST 2P  TITLE  Change  ADDRESS  CH ST 2P  TITLE  Change  ADDRESS  CH ST 2P  TITLE  A	<sup>Zi</sup> 341				ļ	5. Certificate of Status Desired	×			
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	12. Thereby 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	]	partify that the information supplied with	this filing does not qualify for		ated in Sec	tion 110 07/21/i). Florida Statuta-	further ec	tifu that the	informatic =	-

indicated on this report or supplied with this mining does not quality 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:**