

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069506

1. Entity Name

GARY M. MILLS, P.A.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90052 045 ***150.00

Principal Place of Business

Mailing Address

1701 WEST HILLSBORO BOULEVARD
#103
DEERFIELD BEACH FL 33442
US

1701 WEST HILLSBORO BOULEVARD
#103
DEERFIELD BEACH FL 33442-1502
US

C0004206



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1761 W Hillsboro Blvd
Suite, Apt. #, etc.
Suite 104

1761 W Hillsboro Blvd
Suite, Apt. #, etc.
Suite 104

City & State
Deerfield Beach, FL 33442
Zip
33442
Country
USA

City & State
Deerfield Beach, FL
Zip
33442
Country
USA

4. FEI Number 52-2113249

Applied For
Not Applicable

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, GARY M
1701 WEST HILLSBORO BLVD., SUITE 103
DEERFIELD BEACH FL 33442

Name
Gary M Mills
Street Address (P.O. Box Number is Not Acceptable)
1761 W. Hillsboro Blvd, Suite 104
City
Deerfield Beach FL Zip Code
33442

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

Gary Mills Gary Mills, President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/5/00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	MILLS, GARY M	
STREET ADDRESS	16825-B ISLE OF PALMS DR.	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	PVST	<input type="checkbox"/> Delete
NAME	MILLS, GARY M	
STREET ADDRESS	16825-B ISLE OF PALMS DR.	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> * ADD
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> * ADD
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> * ADD
NAME		
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:

Gary Mills Gary Mills, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00
Date

954-407-4000
Daytime Phone #