

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90230 048 ***150.00

DOCUMENT # P98000090014

1. Entity Name
MILLNER ENTERPRISES, INC.



Principal Place of Business
**3351 PATTIE PLACE
PALM HARBOR FL 34685**

Mailing Address
**6154 TURNBURY PARK DRIVE
APT 2203
SARASOTA FL 34243**

2. Principal Place of Business

3. Mailing Address

1006 Winding Willow Drive same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New Port Richey, FL

Zip

Country

Zip

Country

34655

USA

4. FEI Number **59-3529196**

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

**MILLNER, HAROLD L
3351 PATTIE PLACE
PALM HARBOR FL 34685**

Name

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

1006 Winding Willow Drive

City

FL

Zip Code

New Port Richey

34655

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 **Harold L. Miller**

(NOTE: Registered Agent signature required when reinstating)

DATE

2/9/03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **MILLNER, JUDITH H**
CITY-ST-ZIP **3351 PATTIE PLACE
PALM HARBOR FL 34685**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1006 Winding Willow Drive**
CITY-ST-ZIP **New Port Richey, FL 34655**

TITLE ☐ Delete
NAME **SST**
STREET ADDRESS **MILLNER, HAROLD L**
CITY-ST-ZIP **3351 PATTIE PLACE
PALM HARBOR FL 34685**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1006 Winding Willow Drive**
CITY-ST-ZIP **New Port Richey, FL 3455**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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: **JOHN W. RECHNER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/03 (72) 375-2548
Date Daytime Phone #

CR2E034 (10/02)