

**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
1006 Winding Willow Drive
Suite, Apt. #, etc.

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

CHECK HERE IF MAKING CHANGES

City & State
New Port Richey, FL
Zip
34655 Country
USA

City & State
City & State
Zip Country

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1006 Winding Willow Drive
City **New Port Richey** FL Zip Code **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		<input type="checkbox"/> Delete
TITLE	P	
NAME	MILLNER, JUDITH H	
STREET ADDRESS	3351 PATTIE PLACE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
TITLE	SST	
NAME	MILLNER, HAROLD L	
STREET ADDRESS	3351 PATTIE PLACE	
CITY-ST-ZIP	PALM HARBOR FL 34685	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS	1006 Winding Willow Drive		
CITY-ST-ZIP	New Port Richey, FL 34655		
TITLE			
NAME			
STREET ADDRESS	1006 Winding Willow Drive		
CITY-ST-ZIP	New Port Richey, FL 34655		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: *Harold L. Miller* President **2/9/03 (727) 375-2548**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)