## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jul 26, 2001 8:00 am Secretary of State DOCUMENT # P99000032532 1. Entity Name 06-25-2001 90042 038 \*\*\*150.00 DANNY J. MILLS TRUCKING, INC. 07-26-2001 90005 040 \*\*\*408.75 Principal Place of Business Mailing Address 773841 1051 CANTON ST. 1051 CANTON ST. N. W. PALM BAY FL 32907 N. W. PALM BAY FL 32907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3568556 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLS, DANNY J Street Address (P.O. Box Number is Not Acceptable) 1051 CANTON ST. N. W. PALM BAY FL 32907 City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12, CR2E034 (10/00) TITLE Delete TITLE ☐ Change ☐ Addition MILLS, DANNY J NAME NAME STREET ADDRESS 1051 CANTON ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. W. PALM BAY FL 32907 TITLE TITLE ☐ Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP City-St-7IP TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP ☐ Change TITLE Addition TIRLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 it 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 it changed, or on an attachment with an address, with all other like empowered.

**FILED**