

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90745 045 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000055353

1. Entity Name
MILLS APPRAISAL, INC.



90123264

Principal Place of Business
7779 STARKEY ROAD
SEMINOLE, FL 33777

Mailing Address
7779 STARKEY ROAD
SEMINOLE, FL 33777

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3584389

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, THOMAS P
7779 STARKEY ROAD
SEMINOLE, FL 33777

Name Timothy C. Schuler
Street Address (P.O. Box Number is Not Acceptable)
9075 Seminole Blvd
City Seminole FL 33772

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
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
NAME PSD
STREET ADDRESS MILLS, THOMAS P
CITY-ST-ZIP 7779 STARKEY ROAD
SEMINOLE, FL 33777 ☒ Delete

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

TITLE
NAME VPT
STREET ADDRESS MILLS, SHARON
CITY-ST-ZIP 7779 STARKEY ROAD
SEMINOLE, FL 33777 ☐ Delete

TITLE
NAME DPST
STREET ADDRESS Sharon L Mills
CITY-ST-ZIP 7779 Starkey Rd
Seminole FL 33777 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)