## 2003 FOR PROFIT CORPORATION

## Apr 03, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** V03133 DOCUMENT # 04-03-2003 90127 050 \*\*\*150.00 1. Entity Name MILLS PAVING, INC. Principal Place of Business Mailing Address 7320 HAYWARD AVENUE 7320 HAYWARD AVENUE PENSACOLA FL 32526 PENSACOLA FL 32526 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 59-3110558 Not Applicable Zip Country 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 Name MILLS, GERALD D., JR. Street Address (P.O. Box Number is Not Acceptable) 7320 HAYWARD AVENUE PENSACOLA FL 32526 City Zip Code 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 signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Addition ☐ Delete Change. NAME MILLS, GERALD D., JR. NAME 7320 HAYWARD AVE STREET ADDRESS STREET ADDRESS PENSACOLA FL CITY - ST - ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITI F Change NAME MILLS, DOUGLAS K. NAME STREET ADDRESS 7320 HAYWARD AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL TITLE TITLE ☐ Change Addition ☐ Delete MILLS, THERESA'M." NAME NAME STREET ADDRESS STREET ADDRESS 7320 HAYWARD AVE CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME BRAY, TAMMY L. NAME STREET ADDRESS 7320 HAYWARD AVE STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607 or on an attachment with an officers with all this element of the proposed of changed, or on an attachment with ke empowered.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OF PRINCED NAME OF SIGN

☐ Delete

4/1/03

850-456-8611

Change

☐ Addition