

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000050272

1. Entity Name

JACQUIE L. MILLER, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR 16 AM 11:26

Principal Place of Business

Mailing Address

289 RINGWOOD DR.  
WINTER SPRINGS FL 32708  
US

289 RINGWOOD DR.  
WINTER SPRINGS FL 32703-4930  
US

2. Principal Place of Business

1750 Eldorado Ct

3. Mailing Address

1750 ELDORADO CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. CLOUD, FL

City & State

ST. CLOUD, FL

4. FEI Number

59-3200794

Applied For

Not Applicable

Zip

34771

Country

OSCEOLA

Zip

34771

Country

OSCEOLA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLER, JACQUIE  
289 RINGWOOD DR.  
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

*Jaquie Miller - Change of address only*

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

(NOTE: Registered Agent must have resided in the State of Florida.)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MILLER, JACQUIE L.	289 RINGWOOD DR.	WINTER SPRINGS FL	Change of address
VP	MILLER, JACQUIE L.	289 RINGWOOD DR.	WINTER SPRINGS FL	
S	MILLER, JACQUIE L.	289 RINGWOOD DR.	WINTER SPRINGS FL	
T	MILLER, JACQUIE L.	289 RINGWOOD DR.	WINTER SPRINGS FL	<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		1750 Eldorado Ct	ST. CLOUD, FL 34771	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		000004037320-1	04/20/01-01139-020	<input type="checkbox"/>	<input type="checkbox"/>
		****150.00	****150.00	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jaquie Miller*

4-10-01

407-920-2754

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

City/tno Phone #