

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90094 028 ***150.00

DOCUMENT # P93000050272
 1. Entity Name
JACQUIE L. MILLER, INC.

Principal Place of Business Mailing Address
1750 ELDORADO CT **1750 ELDORADO CT**
ST. CLOUD FL 34771 **ST. CLOUD FL 34771**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3200794** Applied For
 Not Applicable
 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
1750 ELDORADO CT
ST. CLOUD FL 34771

7. Name and Address of New Registered Agent
 Name **JACQUIE L. HERNANDEZ**
 Street Address (P.O. Box Number is Not Acceptable) **1750 Eldorado Ct**
ST. CLOUD FL
 City State **FL** Zip Code **34771**

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 *Jacquie L. Hernandez* DATE **2-21-02**
Signature of registered agent or printer's name if applicable. (NOTE: Registered Agent signature required when reinstating.)

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	MILLER, JACQUIE L.	
STREET ADDRESS	1750 ELDORADO CT	
CITY-ST-ZIP	ST. CLOUD FL 34771	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLER, JACQUIE L.	
STREET ADDRESS	1750 ELDORADO CT	
CITY-ST-ZIP	ST. CLOUD FL 34771	
TITLE	S	<input type="checkbox"/> Delete
NAME	MILLER, JACQUIE L.	
STREET ADDRESS	1750 ELDORADO CT	
CITY-ST-ZIP	ST. CLOUD FL 34771	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILLER, JACQUIE L.	
STREET ADDRESS	1750 ELDORADO CT	
CITY-ST-ZIP	ST. CLOUD FL 34771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Jacquie L. Hernandez</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Jacquie L. Hernandez</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Jacquie L. Hernandez</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Jacquie L. Hernandez* Date Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)