

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90065 047 ***150.00

DOCUMENT # P96000077771

1. Entity Name
MILLER, TREVETT & MCCARROLL, INC.

Principal Place of Business

**1890 S. 14TH STREET
 STE. 200
 FERNANDINA BEACH FL 32034
 US**

Mailing Address

**1610 S 8TH ST
 FERNANDINA BEACH FL 32034
 US**

00015654



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2334 E. State Rd. 200
 Suite, Apt. #, etc.
 Suite 300**

3. Mailing Address

**2334 E. State Rd. 200
 Suite, Apt. #, etc.
 Suite 300**

City & State

Fernandina Bch FL

City & State

Fernandina Bch FL

4. FEI Number **59-3410979**

Applied For

Not Applicable

Zip

32034

Country

USA

Zip

32034

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WOOD, MARSHALL E ESQ.
 303 CENTRE STREET
 SUITE 100
 FERNANDINA BEACH FL 32034**

7. Name and Address of New Registered Agent

Name **Lorie L. McCarroll**
 Street Address (P.O. Box Number is Not Acceptable)
2334 E. State Rd 200, Suite 300
 City **Fernandina Beach FL** Zip Code **32034**

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 **Lorie L. McCarroll, CPA**

DATE **1/24/01**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**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	S	<input type="checkbox"/> Delete
NAME	TREVETT, HARRY R.	
STREET ADDRESS	1325 ATLANTIC AVE.	
CITY-ST-ZIP	FERNANDINA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MILLER, DAVID F	
STREET ADDRESS	68 MARSH CREEK ROAD	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: **David F. Miller**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/24/01**

DATE

DAYTIME PHONE # **904-277-6727**

DAYTIME PHONE #

CR2E034 (10/00)