

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90150 045 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **580165** ✓
1. Entity Name
KENNETH MILLER ARCHITECT, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9682 SE HIGHBORNE WY

Suite, Apt. #, etc.

3. Mailing Address
9682 SE HIGHBORNE WY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HOBE SOUND FL

City & State
HOBE SOUND FL

4. FEI Number
65-0282403

Applied For
Not Applicable

Zip
33455

Country
USA

Zip
33455

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

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

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

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-STATE-ZIP
**PRESIDENT
KENNETH R. MILLER
9682 SE HIGHBORNE WY
HOBE SOUND, FL 33455**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**V/T/S
BARBARA MILLER
9682 SE HIGHBORNE WY
HOBE SOUND, FL 33455**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
-

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
-

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
-

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
-

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth R. Miller PRESIDENT

04-30-02

772-546-5175

Date

Daytime Phone #

CR2E034B (12/01)