

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 166189

1. Entity Name  
MILLER & MORRIS, INC.

Principal Place of Business  
725 N ATLANTIC AVE  
DAYTONA BEACH FL 32118

Mailing Address  
~~725 N ATLANTIC AVE~~  
~~DAYTONA BEACH FL 32118~~

2. Principal Place of Business

3. Mailing Address  
P O BOX 263035

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
DAYTONA BEACH FL 32126 3035

4. FEI Number 59-0667670

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

MILLER, CARL P. JR.  
1115 FLAGSTONE DRIVE  
DAYTONA BEACH FL 32118

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

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) ☐

**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  
PD  
MILLER, CARL P. JR.  
725 N ATLANTIC AVE  
DAYTONA BEACH FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
1115 FLAGSTONE DRIVE  
DAYTONA BEACH FL 32118

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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 *Carl P. Miller Jr* CARL P MILLER JR 02/08/01 904 555-1553  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2/3/01: JFW:ch

Printer



DO NOT WRITE IN THIS SPACE

0006759

CR2E034 (10/00)

FILED  
May 02, 2001 8:00 am  
Secretary of State

05-02-2001 90093 012 \*\*\*150.00