FILED

Mar 12, 2002 8:00 at Secretary of State
03-12-2002 90998 030 ***150.00

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166189 **DOCUMENT #** 1. Entity Name MILLER & MORRIS, INC.

2002 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business 725 N-ATLANTIC AVE DAYTONA BEACH FL 32118			Mailing Address PO BOX 263035							_			
DAYTONA BE	EACH FL 3211	6	DAYTONA BEACH FL 321	126-3035						11 44 11			
Principal Place of Business 3. Mailing Address			3. Mailing Address			-							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE							
City & State			City & State			4. F	El Number	59-066767	70			plied For t Applicable	7
Zip		Country	Zip	Coun	try	5. 0	Certificate of	f Status Desired	; <u></u>	\$8.7 Fee R			
	6. Name	and Address of Current R	egistered Agent			7. N		ddress of New		ed Agent			1
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MILLER, CARL P. JR. 1115 FLAGSTONE DRIVE					Street Address (P.O. Box Number is Not Acceptable)								
DAYTONA	A BEACH F	L 32118						 "]
Še		_			City		•		F	=L Zij	Code)	
8. The above	e named entit	y submits this statement for t	the purpose of changing its	registere	ed office or regist	tered age	ent, or both,	, in the State of	Florida.				
SIGNATURE.	Signature, typed	or printed name of registered agent and	d title if applicable. (NOT	E: Registere	d Agent signature requir	red when rei	instating)		DA	TE,			
9. This corpo	oration is elig	ible to satisfy its Intangible	FILE NOW!	!!! FEE	IS \$150.00		10 Float	tion Campaign F	Einnealas	-			1
Tax filing requirement and elects to do so. (See criteria on back)			After May 1, 20 Make Check Payat					t Fund Contribut				May Be to Fees	
11.		OFFICERS AND D	IRECTORS	12.		ADI	DITIONS/CI	HANGES TO O	FFICERS /	AND DIREC	CTORS	IN 11	1_
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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.

CITY-ST-ZIP

CITY-ST-ZIP

Date