



FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 91164 049 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|   |  |   |          |
|---|--|---|----------|
| <b>DOCUMENT # 166189</b>  |  |  |          |
| 1. Entity Name<br><b>MILLER &amp; MORRIS, INC.</b>  |  |   |          |
| Principal Place of Business<br>725 N ATLANTIC AVE<br>DAYTONA BEACH, FL 32118  |  | Mailing Address<br>PO BOX 263035<br>DAYTONA BEACH, FL 32126-3035                  |          |
| 2. Principal Place of Business  |  | 3. Mailing Address  |          |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |          |
| City & State  |  | City & State  |          |
| Zip   | Country  | Zip   | Country  |
| 4. Name and Address of Current Registered Agent<br><b>MILLER, CARL P. JR.<br/>1115 FLAGSTONE DRIVE<br/>DAYTONA BEACH, FL 32118</b>  |  | 7. Name and Address of New Registered Agent                                       |          |
| Name  |  | Name  |          |
| Street Address (P.O. Box Number is Not Acceptable)  |  | 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. I am familiar with, and accept the obligations of registered agent.   |  |   |          |
| SIGNATURE   |  | DATE  |          |
|   |  |   |          |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>  |  | \$5.00 May Be Added to Fees   |          |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                             |          |
| TITLE   | PD<br>MILLER, CARL P. JR.<br>1115 FLAGSTONE DRIVE<br>DAYTONA BEACH, FL 32118 | TITLE   |          |
| NAME  |  | NAME  |          |
| STREET ADDRESS  |  | STREET ADDRESS  |          |
| CITY-ST-ZIP   |  | CITY-ST-ZIP   |          |
| TITLE   |  | TITLE   |          |
| NAME  |  | NAME  |          |
| STREET ADDRESS  |  | STREET ADDRESS  |          |
| CITY-ST-ZIP   |  | CITY-ST-ZIP   |          |
| TITLE   |  | TITLE   |          |
| NAME  |  | NAME  |          |
| STREET ADDRESS  |  | STREET ADDRESS  |          |
| CITY-ST-ZIP   |  | CITY-ST-ZIP   |          |
| TITLE   |  | TITLE   |          |
| NAME  |  | NAME  |          |
| STREET ADDRESS  |  | STREET ADDRESS  |          |
| CITY-ST-ZIP   |  | CITY-ST-ZIP   |          |
| TITLE   |  | TITLE   |          |
| NAME  |  | NAME  |          |
| STREET ADDRESS  |  | STREET ADDRESS  |          |
| CITY-ST-ZIP   |  | CITY-ST-ZIP   |          |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 179.07(3)(1), 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 907, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |   |          |
| SIGNATURE: <i>Carl P. Miller, Jr.</i>   |  | Carl P. Miller, Jr. 4/30/03 386 2524631   |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date Expires Phone #  |          |



CHECK HERE IF MAKING CHANGES

**CLIENT'S COPY**

CR2E034 (10/02)

4/30/03 JFW: cl- *Dredder*