

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90108 033 \*\*\*158.75

**C0040368**

DO NOT WRITE IN THIS SPACE

DOCUMENT # ~~19739~~ 19739

1. Entity Name  
 MILLER BEARINGS, INC.

Principal Place of Business      Mailing Address  
 17 S.WESTMORELAND DR.      17 S.WESTMORELAND DR.  
 ORLANDO, FL 32802      ORLANDO, FL 32805-1847

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
 59-0788465      Not Applicable

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

6. Name and Address of Current Registered Agent  
 ETHERIDGE, F. R.  
 803 N. LAKE ADAIR BLVD.  
 ORLANDO, FL 32804

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETHERIDGE, F R		NAME		
STREET ADDRESS	803 LAKE ADAIR BL.N.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILEY, WILLIAM		NAME		
STREET ADDRESS	8049 WESTMINSTER ABBEY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCATO, RAYMOND		NAME		
STREET ADDRESS	932 COOL SPRINGS CIRLE		STREET ADDRESS		
CITY-ST-ZIP	OCOE, FL 34761		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAZO, BEN		NAME		
STREET ADDRESS	7553 WOODBRIAR CT.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP		
TITLE	VDST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FABER, CRAIG		NAME		
STREET ADDRESS	2211 CROSS LAKE RD.		STREET ADDRESS		
CITY-ST-ZIP	BELLE ISLE, FL 32809		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETHERIDGE, L R		NAME		
STREET ADDRESS	3173 SOUTHFORK DR.		STREET ADDRESS		
CITY-ST-ZIP	PLYMOUTH, FL 32768		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: Craig O. Faber / V.P.      Date: 3-14-2000      Daytime Phone #: (407) 425-9078  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      EXT. 109

CR2E034 (9/99)