

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90166 014 ***158.75

003/441 AV

DOCUMENT # 197739

1. Entity Name
MILLER BEARINGS, INC.

Principal Place of Business Mailing Address
 17 S. WESTMORELAND DRIVE 17 S. WESTMORELAND DRIVE
 ORLANDO FL 32802 ORLANDO FL 32802



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country
 32805 32805

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 **ETHERIDGE, EDNA R.**
 Street Address (P.O. Box Number is Not Acceptable) **803 LAKE ADAIR BL., N.**
 City **ORLANDO** FL Zip Code **32804**

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 *Edna R. Etheridge* DATE **4-15-02**

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

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, 2002 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	CD ETHERIDGE, F R 803 LAKE ADAIR BL. N. ORLANDO FL 32804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILEY, WILLIAM 8049 WESTMINSTER ABBEY ORLANDO FL 32835	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUAZO, BEN 7553 WOODBRIAR CT ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BROCATO, RAYMOND 932 COOL SPRINGS CIR OCOE FL 34761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDST FABER, C O 2211 CROSS LAKE RD BELLE ISLE FL 32809	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ETHERIDGE, L R 724 OAK ST ORLANDO FL 32804	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ETHERIDGE, EDNA R 803 LAKE ADAIR BL. N. ORLANDO, FL. 32804	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, KEITH D 4209 BROOKE DR. VALRICO, FL 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ANDERSON, RICHARD B 1273 SARA COURT WINTER PARK, FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FABER, CRAIG O	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEARS, LYNNE E P.O. BOX 394 PLYMOUTH, FL 32768	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: *Craig O. Faber* DATE: **04/15/02** DAYTIME PHONE #: **407-425-9078**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)

Attachment

BOOM 1487

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ADDITIONAL OFFICER AND DIRECTOR

TITLE: D
NAME: SCHUMACHER, GLEN A
STREET ADDRESS 4590 SOUTH HAMPTON DR.
CITY-ST-ZIP: ORLANDO, FL. 32812-5936