


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

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-27-2003 90172 038 \*\*\*158.75

**DOCUMENT #** 197739  
1. Entity Name  
**MILLER BEARINGS, INC.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**17 SO. WESTMORELAND DR.**  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**ORLANDO, FLORIDA**

City & State

4. FEI Number  
**59-0788465**

Applied For  
Not Applicable

Zip  
**32805**

Country

Zip

Country

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

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**ETHERIDGE, EDNA R.**

Street Address (P.O. Box Number is Not Acceptable)  
**803 LAKE ADAIR BLVD., N.**

City  
**ORLANDO**

State  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25.**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PDST  
FABER, CRAIG O  
2211 CROSS LAKE RD.  
BELLE ISLE, FL. 32809**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SUAZO, BEN  
7553 WOODBRIAR CT.  
ORLANDO, FLORIDA 32835**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
BROCATO, RAYMOND  
932 COOL SPRINGS CIR  
OCOE, FLORIDA 34761**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SEARS, LYNNE E  
P.O. BOX 394  
Plymouth, FL 32768**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ETHERIDGE, EDNA R  
803 LAKE ADAIR BLVD. N  
Orlando, Florida 32804**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
JOHNSON, KEITH D  
4209 BROOKE DR.  
VALRICO, FL 33594**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

Date: **05/19/03** Daytime Phone #: **407-425-9078 X109**

CR2E034B (12/02)

**DO NOT WRITE IN THIS SPACE**

Attachment #  
80122110

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

197739

ADDITIONAL OFFICER AND DIRECTOR

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

TITLE: CD  
NAME: ANDERSON, RICHARD B  
STREET ADDRESS 1273 SARA COURT  
CITY-ST.-ZIP WINTER PARK, FL 32789