


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

**FILED**  
**Jun 19, 2003 8:00 am**  
**Secretary of State**

06-19-2003 90044 041 \*\*\*550.00

DOCUMENT # 204785  
1. Entity Name  
J.A. MILES OIL COMPANY, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3220 KILMER DR.  
Suite, Apt. #, etc.

3. Mailing Address  
3220 KILMER DRIVE  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
PLANT CITY, FLORIDA

City & State  
PLANT CITY

4. FEI Number 59-0814210 Applied For Not Applicable

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

Zip 33566 Country USA Zip 33566 Country USA

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DOUGLASS, KATHERINE M.

Street Address (P.O. Box Number is Not Acceptable)  
3220 KILMER DRIVE

City PLANT CITY FL Zip Code 33566

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 06/15/2003  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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

~~January 1 - May 1 Fee is \$160.00~~  
~~After May 1, Fee is \$550.00~~  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS							
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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: *Katherine Miles Douglas, President* 6/15/2003 813-659-9514  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*Katherine Miles Douglas  
3220 Kilmer Drive  
Plant City, FL 33566*

CR2E034B (12/02)