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

## **FILED** Jun 19, 2003 8:00 am

DOCUMENT # 204785  1. Entity Name  J.A. MILES OIL COMPANY, INC.					06-19-2003 90044 041 ***550.00	
A Section of the sect			PAC	ES		
3220 KILI	<del>~</del>	3. Mailing Address 3220 KILMER D	RIVE			
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State	ITY, FLORIDA	City & State PLANT CITY			4. FEI Number 59-0814210 Applied Foi Not Applied Foi	
Zip 33566	Country USA	Zip 33566	USA	trv	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
4/5 to 27			T. B. S. S.	M	7. Name and Address of Current Registered Agent	$\Box$
	DONOTW	DITE			SLASS, KATHERINE M.	
	DO NOT W	The state of the s	ANT ST	Street Address (I	P.O. Box Number is Not Acceptable)	
	THIS SE	ACE		3220 KILME	R DRIVE	
		H was not a		City PLANT	CITY FL Zip Code 33566	$\neg$
		r the purpose of changing	its registere		ed agent, or both, in the State of Florida. I am familiar with, and acce	pt
the obligat	tions of registered agent.	•				
SIGNATURE .	Signature, typed or printed name of registered agent	and trie it are some (but	OTF Renstered	I Agent signature required	06/15/2003 When reinstating) DATE	
	nuary - May 1 Fee Is \$150.00					
						ì
Tanger of the	After May 1, Fee is \$550.00				9. Election Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees	e
Tanger of the		State			1 +0.00 (12) 0	e 52
Make Check 10.	Amended UBR is \$61:25 Payable to Florida Department of OFFICERS AND PVPDST	State	in the	Tarte Bur 12 Box	1 +0.00 (12) 0	4
Make Check	Amended UBR is \$61:25 Payable to Florida Department of OFFICERS AND PVPDST DOUGLASS,KATHERINE	State	NAME	TADORESS 4-1	1 +0.00 (12) 0	な。 なる   数
Make Check 10. TITLE NAME	Amended UBR is \$61:25 Payable to Florida Department of OFFICERS AND PVPDST	State	STREE		1 +0.00 (12) 0	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
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Make Check 10. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	Amended UBRIS \$61:25 Payable to Florida Department of OFFICERS AND PVPDST DOUGLASS,KATHERINE 3220 KILMER DRIVE	State	STREET STREET	TADORESS TADORESS STORY	Trust Fund Contribution.   Added to Fees	CROEDAM (1970)
Make Check 10.  TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Amended UBRIS \$61:25 Payable to Florida Department of OFFICERS AND PVPDST DOUGLASS,KATHERINE 3220 KILMER DRIVE	State	CITY STREET	TADORESS TADORESS STOP	1 +0.00 (12) 0	CDOEDAM (1900)
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Make Check  10.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME	Amended UBRIS \$61:25 Payable to Florida Department of OFFICERS AND PVPDST DOUGLASS,KATHERINE 3220 KILMER DRIVE	State	STREET ST	TADORESS STOP	Trust Fund Contribution.   Added to Fees  DO NOT WRITE	CDSF04B (1970)
Make Check  10.  TITLE NAME STREET ADDRESS CITY-SI-ZIP	Amended UBRIS \$61:25 Payable to Florida Department of OFFICERS AND PVPDST DOUGLASS,KATHERINE 3220 KILMER DRIVE	State	SECTION AND SECTIO	TADORESS STOP	Trust Fund Contribution.   Added to Fees  DO NOT WRITE	COSTANDA (COLOR)
Make Check  10.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  NAME	Amended UBRIS \$61:25 Payable to Florida Department of OFFICERS AND PVPDST DOUGLASS,KATHERINE 3220 KILMER DRIVE	State	STREET ST	TADORESS STOR  TADORESS STOR  TADORESS STOR	Trust Fund Contribution.   Added to Fees  DO NOT WRITE	COUCH PERSON
Make Check  10.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP	Amended UBRIS \$61:25 Payable to Florida Department of OFFICERS AND PVPDST DOUGLASS,KATHERINE 3220 KILMER DRIVE	State	SECTION AND SECTIO	TADORESS STOR  TADORESS STOR  TADORESS STOR	Trust Fund Contribution.   Added to Fees  DO NOT WRITE	COCHA REGISCO
MAKE Check  10.  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP	Amended UBRIS \$61:25 Payable to Florida Department of OFFICERS AND PVPDST DOUGLASS,KATHERINE 3220 KILMER DRIVE	State		TADDRESS STOP TADDRESS STOP TADDRESS STOP TADDRESS STOP	Trust Fund Contribution.   Added to Fees  DO NOT WRITE	COSESSAB (CONTRACTOR)

thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Rorida Statutes. Hurther 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OF SIGNATU

Latherine Miles Douglass 3220 Kilmer Drive DIGHT CITY FI 33544