

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 216040

1. Entity Name

MILES FURNITURE COMPANY

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90206 016 ***150.00

Principal Place of Business

Mailing Address

W E CAMPBELL
5109 BAYOU BLVD.
PENSACOLA FL 32503

W E CAMPBELL
5109 BAYOU BLVD.
PENSACOLA FLA 32503-2101

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 59-0842162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, W E
4510 SEHOY CIRCLE
PENSACOLA FL 32504

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	PD	<input type="checkbox"/> Delete
NAME	CAMPBELL, W.E.	
STREET ADDRESS	104 NORTHCLIFFE DRIVE	
CITY-ST-ZIP	GULF BREEZE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	UPSHAW, MICHAEL T.	
STREET ADDRESS	1148 BROADWAY	
CITY-ST-ZIP	COLUMBUS GA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CAMPBELL, WILLIAM E. JR.	
STREET ADDRESS	5109 BAYOU BLVD	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENSLEE, MILES L.	
STREET ADDRESS	1148 BROADWAY	
CITY-ST-ZIP	COLUMBUS GA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HARDIN, MICHAEL E	
STREET ADDRESS	1148 BROADWAY	
CITY-ST-ZIP	COLUMBUS GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-00

800-835-0644

CR2E034 (9/99)