

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 259584

1. Entity Name

BARTON AND MILLER INC

Principal Place of Business

2600 N DIXIE HIGHWAY
FT LAUDERDALE FL 33334

Mailing Address

2600 N DIXIE HIGHWAY
FT LAUDERDALE FLA 33334-3725

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

59-0970901

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

MILLER, RICHARD J.
2600 N DIXIE HWY
WILTON MANORS FL 33334

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	MILLER, SHERIDA R.	
STREET ADDRESS	2333 NE 19 AVE	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER, RICHARD J.	
STREET ADDRESS	2333 NE 19 AVE	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, Sherida	
STREET ADDRESS	2247 SE 11ST	
CITY-ST-ZIP	Pompano Bch Fl 33062	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, Richard	
STREET ADDRESS	2247 SE 11ST	
CITY-ST-ZIP	Pompano Bch, Fl 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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)(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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90187 037 ***150.00

603414



DO NOT WRITE IN THIS SPACE

1/11/00

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