FILED \$ \$ Feb 01, 2002 8:00 am \$ \$ Secretary of State 02-01-2002 90044 005 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

303893 **DOCUMENT #** 1. Entity Name MILLER, MILLER, BRADWISH & MILLER, P.A. Principal Place of Business Mailing Address

3333 ATLANTIC BLVD JACKSONVILLE FL 32207-8962		P.O. BOX 10099 JACKSONVILLE FL 32247-0099		1 100/00 (1/1/ 00/00 (1/0/ 00/00	18188 (1)1 11084 8181	i Oldik Oldik O	1 8 18 3 1818 18 3 8	
2. Principal P	Place of Business	3. Mailing Address			12123 (III 2121) 3131)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State	e	City & State		4. FEI Number 59-1140985			Applied For Not Applicable	
Zip	Country	Zìp	Country	5. Certificate of Status Desired		8.75 Add	ditional	
	6. Name and Address of Current F	egistered Agent		7. Name and Address of New	Registered Ag	ent]
3333 ATL	RICHARD E JR ANTIC BLVD. IVILLE FL 32207	-	Street Address (P.O. Box Number is Not Acceptable)					-
			City	, , , , , , , , , , , , , , , , , , , ,	FL	Zip Code	e	
SIGNATURE	named entity submits this statement for Signature, typed or printed name of registered agent an		istered office or regis		Florida.			
				1				┨
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, 2002 Fee will be \$550.00 Make Check Payable to Department of St					0 May Be I to Fees	
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES TO OF	FICERS AND D	IRECTOR!	S IN 11	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, RICHARD E JR 3333 ATLANTIC BLVD JACKSONVILLE FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MILLER, SCOTT C 3333 ATLANTIC BLVD JACKSONVILLE FL 32207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			_ Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		С	_] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			_ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0.11.460.000] Change	☐ Addition	<u> </u>
indicated	ertify that the information supplied with to on this report or supplemental report is t	ills illing does not quality for the rue and accurate and that my si	exemption stated in anature shall have th	ection T19.07(3)(I), Florida Statutes se same legal effect as if made unde	i.) further certify	that the in	normation or director	1

of the corporation or the receiver or truster changed, or on an attachment with ports true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered.

SIGNATURE:

204-396