

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 311613

1. Entity Name
KEITH MILLER INVESTMENTS, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90316 004 ***150.00

Principal Place of Business
15162 ANCHORAGE WAY
FT MYERS FL 33908
US

Mailing Address
15162 ANCHORAGE WAY
FT MYERS FL 33908
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15070 Intracoastal Ct.
Suite, Apt. #, etc.

3. Mailing Address
15070 Intracoastal Ct.
Suite, Apt. #, etc.

City & State
Fort Myers FL

City & State
Fort Myers FL

4. FEI Number 59-1278827

Applied For
Not Applicable

Zip 33908 Country ~~US~~ US

Zip 33908 Country US

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, KEITH A
15162 ANCHORAGE WAY
FORT MYERS FL 33908

Name Keith A. Miller
Street Address (P.O. Box Number is Not Acceptable)
15070 Intracoastal Court
City Fort Myers FL Zip Code 33908

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 Keith A. Miller 4-16-01
(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, KEITH A 15162 ANCHORAGE WAY FORT MYERS FL 33908 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Miller, Keith A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15070 Intracoastal Court Fort Myers, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Keith A. Miller 4-16-01 941-454-1020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)