2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 432268** Aug 08, 2000 8:00 am Secretary of State MILLER BROTHERS CONTRACTORS INC 08-08-2000 90005 047 ***550.00 07-21-2000 90059 002 ***150.00 Principal Place of Business Mailing Address 990 CATTLEMEN RD. 990 CATTLEMEN RD. SARASOTA FL 34232 SARASOTA FL 34232-2810 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1482772 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLER, ALBERT E. Street Address (P.O. Box Number is Not Acceptable) 4934 HIDDEN OAK TRAIL SARASOTA FL 34232 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. DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Change ☐ Addition TITLE ☐ Delete TITLE MILLER ALBERT E JR NAME NAME STREET ADDRESS 1951 RACIMO DR STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP · Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 add ess with all other like empowered

TITLE

MAME STREET ADDRESS

TITLE NAME STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

☐ Defete

☐ Delete

ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

Albert E. Miller,

Jr.

☐ Change

☐ Change

☐ Addition

☐ Addition