## 2002 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

## Feb 11, 2002 8:00 am 556263 DOCUMENT # **Secretary of State** 1. Entity Name 02-11-2002 90216 048 \*\*\*150.00 MILLER BROTHERS ENTERPRISES, INC. Mailing Address Principal Place of Business 1001 3RD AVENUE WEST 1001 3RD AVENUE WEST SUITE 350 SUITE 350 **BRADENTON FL 34205 BRADENTON FL 34205** US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1779611 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MILLER, HUGH D Street Address (P.O. Box Number is Not Acceptable) 1001 THIRD AVE W. **STE 350 BRADENTON FL 34205** Zip Code FI 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01)☐ Addition ☐ Change TITLE ☐ Delete TOĈE MILLER, C DONALD JR NAME 1001 3RD AVE W STE 350 STREET ADDRESS STREET ADDRESS **BRADENTON FL 34205** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MILLER, HUGH D NAME STREET ADDRESS 1001 3RD AVE W STE 350 STREET ADDRESS **BRADENTON FL 34205** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**FILED** 

941-748-3433