

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**  
 02-28-2001 90108 026 \*\*\*150.00

DOCUMENT # **591138** ✓

1. Entity Name  
**Bruce Miller Photography, Inc.**

Principal Place of Business Mailing Address

**A0026225**

2. Principal Place of Business  
**24 DOCKSIDE LANE**  
 Suite, Apt. #, etc.  
**#391**  
 City & State  
**Key Largo FL**  
 Zip  
**33037** Country  
**USA**

3. Mailing Address  
**24 DOCKSIDE LANE**  
 Suite, Apt. #, etc.  
**#391**  
 City & State  
**Key Largo FL**  
 Zip  
**33037** Country  
**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-1868011** Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**Isabelle F Miller**

7. Name and Address of New Registered Agent  
 Name  
**Isabelle F. Miller**  
 Street Address (P.O. Box Number is Not Acceptable)  
**14 Rainbow Drive**  
 City  
**Key Largo** **FL** Zip Code  
**33037**

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 **Isabelle F Miller**  
 Signature, typewritten or printed name of registered agent and fee, 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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE OWNER NAME BRUCE MILLER STREET ADDRESS 24 DOCKSIDE LANE #391 CITY-ST-ZIP Key Largo FL 33037	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

**367-8822**