

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 685743

1. Entity Name

JOHN E. MILLER, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90195 037 ***150.00

Principal Place of Business 1290 WESTON RD STE 200 FT. LAUDERDALE FL 33326	Mailing Address 1290 WESTON RD STE 200 FT. LAUDERDALE FL 33326
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MILLER, JOHN E. 1290 WESTON RD. STE 200 FT. LAUDERDALE FL 33326		7. Name and Address of New Registered Agent Name <u>Donna M. Adelporf</u> Street Address (P.O. Box Number is Not Acceptable) <u>13721 Newport Manor</u> City <u>Davie</u> FL Zip Code <u>33325</u>	
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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 Donna M. Adelporf, President DATE _____
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <u>VD</u> <input checked="" type="checkbox"/> Delete	NAME <u>MILLER, CAROLE D.</u>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <u>1531 LACOSTA DR., E.</u>	CITY-ST-ZIP <u>PEMBROKE PINES FL</u>	STREET ADDRESS	
TITLE <u>PTD</u> <input checked="" type="checkbox"/> Delete	NAME <u>MILLER, JOHN E</u>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <u>1531 LACOSTA DR., E.</u>	CITY-ST-ZIP <u>PEMBROKE PINES FL</u>	STREET ADDRESS	
TITLE <u>STD</u> <input type="checkbox"/> Delete	NAME <u>ADELKOPF, DONNA M.</u>	TITLE <u>PTD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <u>13721 NEWPORT MANOR</u>	CITY-ST-ZIP <u>DAVIE FL</u>	STREET ADDRESS	
TITLE <input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
TITLE <input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
TITLE <input type="checkbox"/> Delete	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	

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: Donna M. Adelporf Donna M Adelporf (954) 354-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)