

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 685743

FILED
Mar 19, 2003
Secretary of State

Entity Name: JOHN E. MILLER, INC.

Current Principal Place of Business:

1290 WESTON RD STE 200
FT. LAUDERDALE, FL 33326

New Principal Place of Business:

1290 WESTON RD
SUITE 200
WESTON, FL 33326

Current Mailing Address:

1290 WESTON RD STE 200
FT. LAUDERDALE, FL 33326

New Mailing Address:

1290 WESTON RD
SUITE 200
WESTON, FL 33326

FEI Number: 59-2022972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ADELKOPF, DONNA M
1540 NW 128 DRIVE
SUITE 202
SUNRISE, FL 33323

Name and Address of New Registered Agent:

ADELKOPF, DONNA M
1290 WESTON ROAD
SUITE 200
WESTON, FL 33326

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. ADELKOPF

03/19/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: ADELKOPF, DONNA M.
Address: 1540 NW 128 DR., SUITE 202
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: ADELKOPF, DONNA M PTD
Address: 1290 WESTON ROAD, SUITE 200
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA M. ADELKOPF

PTD

03/19/2003

Electronic Signature of Signing Officer or Director

Date