2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

F01243 **DOCUMENT#**

1. Entity Name

ALICÉ MILLER INTERIORS, INC.



FILED Mar 07, 2003 8:00 am Secretary of State 03-07-2003 90101 016 ***150.00

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Suite, Apt. #, etc. City & State	4100 S US HWY 1792 CASSELBERRY FL 32707		4100 S US HWY 1792 CASSELBERRY FL 32707		- - -		
City & State Country Country Country Country Country Country S. Certificate of Status Desired S8.75 Addition Fee Required Fee Required Fee Required Fee Required Name MILLER, ALICE 4100 S US HWY 1792 CASSELBERRY FL 32707 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature Injuried or printed name of impatend agent and liber agentable. NOTE Registered Agent agentum recorded area remotation. NOTE Registered Agent agentum recorded area remotation. PLE NOW!!! FEE IS \$150.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME Added to Find NAME SIREET ADDRESS OTY-51-2P MAME SIREET ADDRESS OTY-51-2P Delete TITLE MAME SIREET ADDRESS OTY-51-2P TITLE MAME SIREET A	2. Principal Place of Business		3. Mailing Address				
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CASSELBERRY FL 32707 City City FL 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. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ITILE NAME ITILE MILLER, ALICE 229 SHADY HOLLOW CASSELBERRY FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TI							
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRE	· · · · · · · · · · · · · · · · · · ·				and the second first second first the second first second		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii) for the exemption stated in Section 119.07(3)(iii) for the exem	NAME STREET ADDRESS CITY-ST-ZIP		!	NAME Street Address City-St-Zip			

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 changed, or on an attachment with an address, with all other like empowered.