

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F05505

1. Entity Name

BOB MILLER MASONRY, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90283 026 ***150.00

Principal Place of Business

Mailing Address

6215 E. SAWGRASS RD.
C/O BOB MILLER
SARASOTA FL 34240

6215 E. SAWGRASS RD.
C/O BOB MILLER
SARASOTA FL 34240-8989

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
C/O ROD MILLER

Suite, Apt. #, etc.
C/O ROD MILLER

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2033656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, BOB
1228 WAGON WHEEL DR.
SARASOTA FL 34240

Name MILLER, ROD
Street Address (P.O. Box Number is Not Acceptable)
1058 HANCOCK AVE.
City SARASOTA FL Zip Code 34232

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)

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	MILLER, BOB	
STREET ADDRESS	1228 WAGON WHEEL DR	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	VDST	<input type="checkbox"/> Delete
NAME	MILLER, BETTY M.	
STREET ADDRESS	1228 WAGON WHEEL DR	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	V	<input type="checkbox"/> Delete
NAME	MILLER, KEN	
STREET ADDRESS	1022 HANCOCK AVE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	V	<input type="checkbox"/> Delete
NAME	MILLER, ROD	
STREET ADDRESS	1058 HANCOCK AVENUE	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, KEN	
STREET ADDRESS	1022 HANCOCK AVE.	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ROD	
STREET ADDRESS	1058 HANCOCK AVE.	
CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, BOB	
STREET ADDRESS	1228 WAGON WHEEL DR.	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, BETTY	
STREET ADDRESS	1228 WAGON WHEEL DR.	
CITY-ST-ZIP	SARASOTA, FL 34240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-00

Date

941-377-5376

Daytime Phone #

CR2E034 (9/99)