

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90106 006 \*\*\*150.00

**DOCUMENT # F74547**

1. Entity Name  
**MILLER MILLS, INC.**



Principal Place of Business  
**541 N.E. 6TH AVE.  
DELRAY BCH. FL 33483-9437**

Mailing Address  
**541 N.E. 6TH AVE.  
DELRAY BCH. FL 33483-9437**



2. Principal Place of Business  
**1334 N. Federal Hwy**  
Suite, Apt. #, etc.

3. Mailing Address  
**1334 N. Federal Hwy**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Delray Beach, FL**  
Zip  
**33483**  
Country  
**USA**

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**USA**

4. FEI Number  
**06-1061381**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MILLER, MARVIN W.  
541 N.E. 6TH AVE.  
DELRAY BCH. FL 33483**

**7. Name and Address of New Registered Agent**

Name  
**Miller, Steven R.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1334 N. Federal Hwy**  
City  
**Delray Beach** FL Zip Code  
**33483**

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 accept the obligations of registered agent.

SIGNATURE:   
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-18-03**

**FILE NOW!! FEE IS \$150.00.**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MILLER, MARVIN</b> <b>9753 MAJESTIC WAY</b> <b>BOYNTON BCH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MILLER, HARRIET</b> <b>9753 MAJESTIC WAY</b> <b>BOYNTON BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MILLER, STEVEN</b> <b>8670 KIMBLE WAY</b> <b>BOCA RATON FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an affidavit and an other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/3/03** **561-278-7919**

CR2E034 (10/02)