

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96676

1. Entity Name

MILLER - PATE, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90057 047 \*\*\*150.00

Principal Place of Business

Mailing Address

7726 EAST GREEN LAKE DRIVE NORTH  
SEATTLE WA 98103  
US

7726 EAST GREEN LAKE DRIVE NORTH  
SEATTLE WA 98103-4967  
US

C0004254

2. Principal Place of Business

3. Mailing Address

7726 E. Green Lake Dr. N.  
Suite, Apt. #, etc.

7726 E. Green Lake Dr. N.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Seattle, WA

Seattle, WA

Zip

Zip

98103

98103

Country

Country

U.S.A.

U.S.A.

4. FEI Number

59-2219387

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

STEINMETZ, MARY J  
2612 SW 56TH AVE  
GAINESVILLE FL 32608

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

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 PSD ☐ Delete  
NAME MILLER-PATE, MARJO  
STREET ADDRESS 7726 EAST GREEN LAKE DRIVE NORTH  
CITY-ST-ZIP SEATTLE WA 98103

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VTD ☐ Delete  
NAME PATE, EBB W.  
STREET ADDRESS 7726 EAST GREEN LAKE DRIVE NORTH  
CITY-ST-ZIP SEATTLE WA 98103

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Marjo Miller-Pate, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2000 (206) 526-8433  
Date Daytime Phone #