

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # F98000003267**1. Entity Name
M.C. MILLER CO.**Principal Place of Business**ATTN: ROBERT J. RIEGLER
27 WARREN ST., STE. 301, LANDMARK BLDG.
HACKENSACK NJ
07601**Mailing Address**ATTN: ROBERT J. RIEGLER
27 WARREN ST., STE. 301, LANDMARK BLDG.
HACKENSACK NJ
07601**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**22-1777475**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMILLER MARK
3020 AVIATION BLVD.VERO BEACH
32960

FL

US

7. Name and Address of New Registered Agent

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 **MARK MILLER**

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

(NOTE: Registered Agent signature required when reinstating)

04/23/2001

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, 2001 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 S ☐ Delete
NAME RIDER STEPHANIE
STREET ADDRESS 3020 AVIATION BLVD
CITY-ST-ZIP VERO BEACH FL 32960TITLE S ☒ Change ☐ Addition
NAME DECKER STEPHANIE
STREET ADDRESS 3020 AVIATION BLVD
CITY-ST-ZIP VERO BEACH FL 32960TITLE T ☒ Delete
NAME SCHENCK JOHN C
STREET ADDRESS 3020 AVIATION BLVD.
CITY-ST-ZIP VERO BEACH FL 32960TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE P ☐ Delete
NAME MILLER MELVIN C
STREET ADDRESS 3020 AVIATION BLVD.
CITY-ST-ZIP VERO BEACH FL 32960TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME MILBERTS ALBERT
STREET ADDRESS 3020 AVIATION BLVD
CITY-ST-ZIP VERO BEACH FL 32960TITLE D ☒ Change ☐ Addition
NAME HILBERTS ALBERT
STREET ADDRESS 3020 AVIATION BLVD
CITY-ST-ZIP VERO BEACH FL 32960TITLE D ☐ Delete
NAME MILLER MAURIE
STREET ADDRESS 3020 AVIATION BLVD
CITY-ST-ZIP VERO BEACH FL 32960TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE CP ☐ Delete
NAME MILLER MELVIN CH
STREET ADDRESS 3020 AVIATION BLVD.
CITY-ST-ZIP VERO BEACH FL 32960TITLE ☐ 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: STEPHANIE DECKER

S

04/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)