

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90973 050 ***150.00

B0094851



DO NOT WRITE IN THIS SPACE

DOCUMENT # F99000001968

1. Entity Name
MILLER MOTORS OF ALBERTVILLE, INC.

Principal Place of Business **Mailing Address**
751 ROPER PKWY **751 ROPER PKWY**
OCOE FL 34761 **OCOE FL 34761-3028**

2. Principal Place of Business **3. Mailing Address**
Same **Same**
Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number **63-0733858** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
NOELL, PAM
751 ROPER PKWY
OCOE FL 34761

7. Name and Address of New Registered Agent
Name **Same**
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 **N/A**
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. ☐ **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** ☐ **\$5.00 May Be Added to Fees**
(See criteria on back) **Trust Fund Contribution** ☐

| 11. OFFICERS AND DIRECTORS | | |
|----------------------------|-----------------------------|---------------------------------|
| TITLE | CP | <input type="checkbox"/> Delete |
| NAME | MILLER, BILLY F | |
| STREET ADDRESS | 751 ROPER PKWY | |
| CITY-ST-ZIP | OCOE FL 34761 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | MILLER, MELBA | |
| STREET ADDRESS | 751 ROPER PKWY | |
| CITY-ST-ZIP | OCOE FL 34761 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | RODEN, BETTY | |
| STREET ADDRESS | 4551 HWY 431 | |
| CITY-ST-ZIP | ALBERTVILLE AL 35950 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|--|---|
| 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 | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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: **April 27 2000** **407-651640**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)