

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G04560

FILED  
Feb 10, 2003  
Secretary of State

Entity Name: MILLER CONTRACTING, INC.

## Current Principal Place of Business:

9801 LELLA AVENUE  
TAMPA, FL 33615 US

## New Principal Place of Business:

## Current Mailing Address:

9801 LELLA AVENUE  
TAMPA, FL 33615 US

## New Mailing Address:

FEI Number: 59-2231079

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOTT, TOM  
600 DEVONSHIRE  
OLDSMAR, FL 34677 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MILLER, JAN,  
Address: 9801 LELLA AVENUE  
City-St-Zip: TAMPA, FL

Title: V ( ) Delete  
Name: MOTT, TOM,  
Address: 9801 LELLA AVENUE  
City-St-Zip: TAMPA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MILLER, JAN,  
Address: 9801 LELLA AVENUE  
City-St-Zip: TAMPA, FL 33615 US

Title: V (X) Change ( ) Addition  
Name: MOTT, TOM,  
Address: 9801 LELLA AVENUE  
City-St-Zip: TAMPA, FL 33615 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAN E. MILLER

PD

02/10/2003

Electronic Signature of Signing Officer or Director

Date