

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G45800**

1. Entity Name

MILLER GREENHOUSES, INC.**FILED**
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90064 025 ***150.00

Principal Place of Business

Mailing Address

**2744 SW BOATRAMP AVE
PALM CITY FL 34990
US****P O BOX 1170
PALM CITY FL 24 34991-1170
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2298992**Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CRARY, WILLIAM F.
555 COLORADO AVENUE, SUITE ONE
STUART FL 34994**

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

TITLE **P** ☐ DeleteNAME **ATKINSON, ALLEN, DALE**STREET ADDRESS **3369 SW 75TH AVE**CITY-ST-ZIP **PALM CITY FL**TITLE **D** ☐ DeleteNAME **ATKINSON, DENISE**STREET ADDRESS **3369 SW 75TH AVE**CITY-ST-ZIP **PALM CITY FL**TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ AddNAME **5241 S.W. Markel St.**STREET ADDRESS **Palm City, FL.**

CITY-ST-ZIP

TITLE ☒ Change ☐ AddNAME **5241 SW Markel St**STREET ADDRESS **Palm City FL**

CITY-ST-ZIP

TITLE ☐ Change ☐ Add

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Add

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NAME

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TITLE ☐ Change ☐ Add

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:

Dale A. Atkinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-286-0994